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| **NEW STARTER FORM** | | | | | | | | | | | |  | | | | | | **Tower Hamlets GP Care Group 072** | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **START DATE OF EMPLOYEE IN THIS POST (this must be completed)** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **ASSIGNMENT NUMBER: Completed By Payroll** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **PLEASE ENSURE THAT ALL RELEVANT SECTIONS OF THE FORM ARE COMPLETED AND SIGNED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 1 – PERSONAL DETAILS – For Completion by Employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname:** | | |  | | | | | | | | | | | | **Date of Birth:** | | | | | | | | |  | | | | |
| **Forename:** | | |  | | | | | | | | | | | | **Title: (Mr/Mrs/Miss/Dr/Ms)** | | | | | | | | |  | | | | |
| **Maiden Name:** | | |  | | | | | | | | | | | |
| **Preferred Name:** | | |  | | | | | | | | | | | | **NI Number:** | | | | | | | | |  | | | | |
| **Previous Name:** | | |  | | | | | | | | | | | | **Sex:** | | | | | | | | |  | | | | |
| **Marital Status:** | | | Civil Partnership | | | |  | | | | Legally Separated | | | | | |  | | Single | | |  | | | | Widowed |  | |
| Divorced | | | |  | | | | Married | | | | | |  | | Unknown | | |  | | | |  | | |
| **Home Address:** | | | |  | | | | | | | | | | | | | **Home Tel Number:** | | | | | | | |  | | | |
| **Mobile Number:** | | | | | | | |  | | | |
| **Post Code:** | | | |  | | | | | **Email Address (only nhs.net):** | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2 – EMERGENCY CONTACT DETAILS – For Completion by Employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:** |  | | | | **Forename:** |  | | | | | | | | | | **Surname:** | | | | |  | | | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | **Home Tel Number:** | | | | |  | | | | | | | |
| **Mobile Number:** | | | | |  | | | | | | | |
| **Post Code:** | |  | | | | | | | | | | | | | | **Work Tel Number:** | | | | |  | | | | | | | |
| **Relationship:** | | | Brother | | | | | | |  | | | | Friend | | | | | |  | | | Other Relative | | | | |  |
| Civil Partner | | | | | | |  | | | | Mother | | | | | |  | | | Partner | | | | |  |
| Daughter | | | | | | |  | | | | Nephew | | | | | |  | | | Sister | | | | |  |
| Emergency | | | | | | |  | | | | Next of Kin | | | | | |  | | | Son | | | | |  |
| Father | | | | | | |  | | | | Niece | | | | | |  | | | Spouse | | | | |  |
| **Do you consider yourself disabled?** | | | | | | | | **Yes** | | | | | | | | | | | |  | | | **No** | | | | |  |
| **Work Permit Required:** | | | | | | | | **Yes** | | | | | | | | | | | |  | | | **No** | | | | |  |
| **Visa Number:** | | | | | | | | **Yes** | | | | | | | | | | | |  | | | **No** | | | | |  |
| **Visa Expiry Date:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

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| **SECTION 3 – EQUAL OPPORTUNITIES – For Completion by Employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnic Origin (Please Tick)** | | | White British/mixed British | | | | | | | | | |  | | Mixed Other | | | | | | | | | |  | Black African | | |  |
| White Irish | | | | | | | | | |  | | Asian Indian/British Indian | | | | | | | | | |  | Black Other | | |  |
| White Other | | | | | | | | | |  | | Asian Pakistani/British Pakistani | | | | | | | | | |  | Chinese | | |  |
| Mixed White/Black Caribbean | | | | | | | | | |  | | Asian Bangladeshi/British Bangladeshi | | | | | | | | | |  | Other stated origin | | |  |
| Mixed White/Black African | | | | | | | | | |  | | Asian Other | | | | | | | | | |  | Not stated | | |  |
| Mixed White/Asian | | | | | | | | | |  | | Black Caribbean | | | | | | | | | |  |  | | | |
|  | | | | | | | | | |  | |  | | | | | | | | | |  |
| **Country of Birth** | | | | | | | |  | | | | | | | | | | **Nationality** | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Religious Belief** | | | | | | | | | | | | | | | | | | **Sexual orientation** | | | | | | | | | | | |
| Atheism | |  | | | Hinduism | |  | | Judaism | |  | Jainism | | | |  | | Bisexual | | | | | |  | Lesbian | | |  | |
| Christianity | |  | | | Buddhism | |  | | Sikhism | |  | Other | | | |  | | Gay | | | | | |  | Heterosexual | | |  | |
| Islam | |  | | | None | |  | | I do not wish to disclose | | | | | | |  | | I do not wish to disclose my sexual orientation | | | | | | | | | |  | |
|  |  |  | | | | | | | | | | | | | |  | |  | | | | | | | | | |  | |
| **SECTION 4 – PROFESSIONAL REGISTRATION - For Completion by Employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Awarding Body (NMC, CIMA, British Psychological Society, General Social Care Council, Health professions Councils)** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Professional Registration Number:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Valid From:** | | | |  | | | | | | | | | | | | | | | **Valid To:** | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 5 – PAYMENT - For Completion by Employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bank Name:** | | | | | |  | | | | | | | | | | | **Account Type:** | | | | |  | | | | | | | |
| **Account Name:** | | | | | |  | | | | | | | | | | | **Account Number:** | | | | |  | | | | | | | |
| **Branch:** | | | | | |  | | | | | | | | | | | **Sort Code:** | | | | |  | | | | | | | |
| **Branch Address:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Signature:**  **(Form will not be processed without this)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 6 – POST DETAILS – For Completion by Line Manager/Supervisor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mandatory Information**  **(ALL sections must be completed)** | | | | | | | | | | **New Details** | | | | | | | | | | | | | | | | | | | |
| **Job Title:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Position Number:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Service:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Location/Base:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Salary range:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Starting Salary:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Finance Code:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Hours per week:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Start Date:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Contract Type:** | | | | | | | | | | **Permanent / Fixed Term / Temp / Bank** **(please delete as appropriate)** | | | | | | | | | | | | | | | | | | | |
| **Contract End Date (if applicable):** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Allowances:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Additional Information:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Managers Name:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Managers Telephone Number:** | | | | | | | | | |  | | | | | | | | | | **Post Title:** | | |  | | | | | | |
| **Managers Signature:** | | | | | | | | | |  | | | | | | | | | | **Date:** | | |  | | | | | | |

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| The completed form should be scanned and emailed to **Philip.Hunter@northumbria-healthcare.nhs.uk** for processing by no later than the 10th of the month. New joiners after this date will be paid the following month. A copy of the New Starter Form must also be emailed to **thgpcg.hradmin@nhs.net** for the employee record and to ensure that an employment contract is issued. |