|  |  |  |
| --- | --- | --- |
| **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:** |  |

|  |
| --- |
| **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:** |  |

|  |
| --- |
| 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. |