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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | First Name: | |  | | | | Middle Name(s): | | | |  |
| Gender: | |  | | | | | | | | Prefer not to say | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | |
| County: |  | | | | | | | | | | | | | Postcode: |  | | |
| Phone Number: | | | | |  | | | Additional Phone Number: | | | |  | | | | | |
| Email Address: | | | |  | | | | | | | | | | | | | |
| Date of Birth: | | | |  | | | | National Insurance Number: | | | |  | | | | | |
| Bank Account Name: | | | | | |  | | Account Number: | | |  | | | Sort Code: | |  | |
| Please be aware that personal info including email address may be used for your access to: MS Teams/Payslip Portal/Training Communication. Please tick to confirm you accept: | | | | | | | | | | | | | | | | | |



**Employee New Starter Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contact Information** | | | | | | | | | | | |
| Surname: | | |  | | | First Name: |  | | | |
| Contact Phone Number: | | | |  | | Alternative Contact Number: | |  | | |
| Address: | |  | | | | | | | | |
| County: |  | | | | | | | | Postcode: |  |
| Relationship to contact: | | | |  | | | | | | |
| Any disability or health info you feel we should know about i.e. severe nut allergy/epilepsy etc, so we can make reasonable adjustments to your working environment: | | | | |  | | | | | |

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| **Job Information – to be filled out by manager** | | | | | | | | | | | | | | | | | |
| Job Title: |  | | | | | | | | Supervisor: | | |  | | | | | |
| Department: | | |  | | | | | | Work Location: | | | |  | | | | |
| Start Date: | |  | | | | | | | Salary/Hourly Rate: | | | | |  | | | |
| Employee Type CT/CC/C: | | | | |  | | | | Probation Period Ends: | | | | | |  | | |
| Working Pattern: | | | |  | | | | | Accrued Hours Form | | | | | | | | |
| Proof of previous qualifications/training | | | | | | | | | References if applicable | | | | | | | | |
|  | | | | |  | | | |  | | | | | | |  | |
| **Job Information – to be filled out by accounts** | | | | | | | | | | | | | | | | | |
| Employee ID/ Person Code: | | | | | |  | | Work Email: | |  | | | | | | | |
| Proof of work in the UK (passport) | | | | |  | | HMRC new starter form | | | |  | Completed induction checklist | | | | |  |
| Assets given ie laptop/phone/keys: | | | | |  | | | | | | | | | | | | |
| Seasonal Workers Teams Access Given | | | | |  | | | | | | | | | | | | |