

Employee Payroll Form – Confidential H2



West Suffolk
NHS Foundation Trust

Personal Details

Surname Forename (s)
Title Date Of Birth Previous Surname
N.I. Number Gender Male Female
Marital Status Married Separated Single Civil Partnership Divorced Widowed Other

Ethnic Origin (Please Tick One Box)

White British Irish Any other White Background
Mixed White & Black Caribbean White & Black African White & Asian Other Mixed Background
Asian or British Asian Indian Pakistani Bangladeshi Other Asian Background
Black or Black British Caribbean African Any other Black Background
Other Ethnic Categories Chinese Any Other Ethnic Category

Right to Work

Nationality Country of Birth Passport Number
Have you been a resident in the EU for the last 3 years? Yes No
Work Permit / Visa Number Permit / Visa Expiry Visa / Immigration Status

Employee Contact Details

Home Address
Postcode Mobile Number
Personal e-mail address Home Number

Emergency Contact Details

Name Relationship to employee
Address Mobile Number
(If different to above) Home Number
Postcode

Professional Registration

General Medical Council Registration Number Retention Fee Due Date

If any of the above contact information changes please use the ESR Self-Service to amend

Monitoring*Please Indicate your Religious Beliefs*

Atheism
 Buddhism
 Christianity
 Hinduism
 Islam
 Jainism
 Judaism
 Other
 Sikhism
 I do not wish to disclose

Please indicate your sexual orientation

Bisexual
 Gay
 Heterosexual
 Lesbian
 I do not wish to disclose

Disabilities under the DDA

Chronic Diseases (Diabetes, Cancer, HIV, etc)
 Development Disability (Dyslexia, ADD, etc.)
 Hearing Impairment
 Mental Disability (Depression, Alzheimer's, etc)
 Physical Disability
 Spinal Cord Injury
 Traumatic Brain Injury
 Visual Impairment
 Any other disability
 Not applicable - No Disability

Previous Employer (for retrieval of training record if NHS)

Employer *Job Title / Grade* *FT / PT* *From (DD/MM/YY)* *To (DD/MM/YY)*

Employee Declaration

I confirm that I have completed the above form to the best of my ability and knowledge and undertake to advise my payroll team in the event that I should alter the position stated above in respect of employment with any other NHS organisations.

Signature

Date

HR Use Only

Post Title

Ward / Department

Site Location

Start Date

End Date

DBS Status

Enhanced

PoCA

PoVA

Date with DBS

DBS Issue Date

DBS Number

DBS Issued to (Organisation)

DBS Online Date: