Chelsea and Westminster Hospital NHS
NHS Foundation Trust

New Starter Form

TO BE COMPLETED BY EMPLOYEE

TITLE: Mr, Mrs, Miss, Ms	MARTIAL STATUS:	DATE OF BIRTH:	GENDER:
FIRST NAMES:		MAIDEN NAME:	SURNAME
ADDRESS: POST CODE:		MOBILE NUMBER: HOME NUMBER:	NATIONAL INSURANCE No
ACCOUNT HOLDER'S NAME:		NEXT OF KIN NAME	NEXT OF KIN RELATIONSHIP
ACCOUNT NUMBER ☐☐☐☐☐☐☐☐	SORT CODE ☐☐--☐☐--☐☐	NEXT OF KIN ADDRESS NEXT OF KIN NUMBER:	
BANK-BUILDING SOCIETY DETAILS - NAME AND ADDRESS			
EU PASSPORT: YES/NO	WORK PERMIT NUMBER:	WORK PERMIT EXPIRY DATE:	
COUNTRY OF BIRTH:		NATIONALITY:	
EMPLOYMENT SOURCE: PREVIOUS NHS EMPLOYMENT /PRIVATE EMPLOYER / FIRST QUALIFICATION / OTHER			
MOST RECENT PREVIOUS EMPLOYER NAME AND ADDRESS:		NHS START DATE:	

PROFESSIONAL REG NUMBER:	PROFESSIONAL REG BODY	DATE FIRST REGISTERED	RENEWAL DATE

Please Note: Should you be a Registered Nurse, Healthcare Assistant or Doctor (non-consultant posts), you will automatically be registered on the Trust's Staff Bank.

If you wish to opt out please tick the following: I do not wish to be registered on the bank ☐

DECLARATION:

EMPLOYEE: I VERIFY THAT THE ABOVE DETAILS ARE CORRECT

SIGNATURE..... DATE…….. **PLEASE TURN PAGE**

TO BE COMPLETED BY EMPLOYER

DEPARTMENT:	POST TITLE		POSITION NUMBER	EMPLOYEE NUMBER	P45/46
CONTRACT TYPE:	START DATE	FTC END DATE	CONTRACTED HOURS	COMMENTS - ADDITIONAL INFORMATION	
AfC BAND/DR's GRADE	SALARY	HCAS/LW	DR's BAND + ON-CALL %		

HUMAN RESOURCES: ESR INPUT

SIGNATURE..... TITLE…….. DATE……..

HUMAN RESOURCES: I VERY THAT THE ABOVE DETAILS ARE CORRECT

SIGNATURE..... TITLE…….. DATE……..

DOCTORS MESS (WEST MIDDLESEX SITE ONLY) YES/NO	**RETIRE & RETURN PENSION NON-ELIGIBILITY**

There have been a number of changes to Equality and Diversity legislation following the Equality Act 2010, therefore we are requesting information on the Protected Characteristics below which are not currently captured from the recruitment system. This information will be treated sensitively and in strict confidence and in accordance with data protection legislation.

Equality Act 2010 Protected Characteristics – Race and Ethnicity

I would describe my ethnic origin as:		
White ☐ British ☐ Irish ☐ Any other White background **Asian or Asian British** ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Any other Asian background	**Mixed** ☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐ Any other mixed background **Black or Black British** ☐ African ☐ Caribbean ☐ Any other Black background	**Other Ethnic Group** ☐ Chinese ☐ Any other ethnic group ☐ **Not Stated** ☐ I do not wish to disclose my ethnic origin

Equality Act 2010 Protected Characteristics - Sexual Orientation

I would describe my sexuality as:	
☐ Lesbian ☐ Gay Man ☐ Bisexual	☐ Heterosexual ☐ I do not wish to disclose my sexual orientation

Equality Act 2010 Protected Characteristics – Religion or Belief

I would describe my religion or belief as:	
☐ Atheism ☐ Buddhism ☐ Christianity ☐ Islam ☐ Jainism	☐ Judaism ☐ Hinduism ☐ Sikhism ☐ Other ☐ I do not wish to disclose my religion/belief

Equality Act 2010 Protected Characteristics – Disability

The Disability Discrimination Act protects disabled people. This includes people with long term health conditions.

Do you consider yourself to have a disability?		
☐ Yes	☐ No	☐ I do not wish to disclose this information

Please state the type of impairment which applies to you. People may experience more than one type of impairment in which case you may tick more than one box. If none of the categories apply, please mark 'other'

Disability Information:	
☐ Physical Impairment ☐ Sensory Impairment ☐ Mental Health Condition	☐ Learning Disability/Difficulty ☐ Long Standing Illness ☐ Other

Equality Act 2010 Protected Characteristics – Gender

The Equality Act supports all gender groups

Please tick the following as appropriate:	
☐ Male ☐ Female	☐ Transgender ☐ Transsexual ☐ I do not wish to disclose this information

Equality Act 2010 Protected Characteristics – Marriage and Civil Partnership

The Equality Act supports Married people and also people who are in a Civil partnership.
Please state is any of the following apply to you

Marriage and Civil Partnership information:	
☐ Single ☐ Married ☐ Civil partnership ☐ Legally Separated	☐ Divorced ☐ Widowed ☐ Other: Please state …….