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| Section 1: Personal Details and Address  |
| Title: Click or tap here to enter text.Male [ ]  Female [ ]  Marital Status Choose an item. | First Name(s): Click or tap here to enter text. Surname:Click or tap here to enter text.Known as: Click or tap here to enter text.Date of Birth: Click or tap to enter a date. National Insurance number: Click or tap here to enter text. |
| Current Address: | Click or tap here to enter text. |
| Post Code: | Click or tap here to enter text. |
| Section 2: Contact Details  |
| Email address Click or tap here to enter text.  | Telephone number Click or tap here to enter text. |

 **PERSONAL DETAILS FORM**

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| Section 3: Passport Details  |
| Passort number Click or tap here to enter text. Nationality: Click or tap here to enter text.Work permit/Visa Click or tap here to enter text. Expiry Date: Click or tap to enter a date. |
| Do you have a Sharecode? Yes [ ]  No [ ]  If yes, please provide the codeDetails of how to prove your Right to Work is available [here](https://www.gov.uk/prove-right-to-work/get-a-share-code-online) | Sharecode Click or tap here to enter text. |

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| Section 4: Next of Kin  |
| Emergency Contact name: Click or tap here to enter text. Relationship to you: Click or tap here to enter text. Contact number: Click or tap here to enter text. Home number: Click or tap here to enter text. | Address: Click or tap here to enter text.Post code: Click or tap here to enter text. |

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| Section 5: Professional Registration/Qualifications |
| Professional Registration/Qualifications: Click or tap here to enter text. |
| Membership of Professional Bodies: Click or tap here to enter text. |
| Registration/PIN no: Click or tap here to enter text. Expiry/Renewal Date: Click or tap to enter a date. |
| Type of Registration: Click or tap here to enter text. |

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| Section 6: HESA (Higher Education Statistical Agency) information  |
| ORCID ID: Click or tap here to enter text. |
| **DEGREES AND/OR OTHER PROFESSIONAL/TEACHING QUALIFICATIONS** (Please attach copies of your highest professional and degree qualifications). Please state your highest level of qualification including subject and class of degree awarded: Click or tap here to enter text. |
| Please state your academic teaching qualification, including any Fellowship of the HEA (if different to the above): Click or tap here to enter text. |
| Clinical Excellence Award: Click or tap here to enter text. |
| Previous Employment - Please state the name of your previous employer and the type of businessClick or tap here to enter text. |
| Regulatory Body: Click or tap here to enter text. |
| If Higher Education, please specify Institution: Click or tap here to enter text.HESA Staff ID No (if known): Click or tap here to enter text. |
| Academic Discipline: Click or tap here to enter text. |

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| **Section 7: Payroll Details** |
| **Salary payments are made by direct credit transfer to your bank/building society on the 27th of the month.**  |
| **Account name:** Click or tap here to enter text.**Sort code:** Click or tap here to enter text.**Account number:** Click or tap here to enter text.**Name of Bank/Building Society:** Click or tap here to enter text. | **Bank/Building Society address:**Click or tap here to enter text. |

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| Section 8: Processing your Personal Information |
| I have read St George’s [privacy notice](https://www.sgul.ac.uk/about/our-professional-services/information-services/information-governance/data-protection/privacy-notice) and have provided my explicit agreement to allow St George’s, University of London, to collate, process my personal information in accordance with SGUL Data Protection Policy YES [ ]  NO [ ]  Further information on Data Protection is stored on the Staff Portal or can be sought from the HR Department or via dataprotection@sgul.ac.uk. Signature: Date: Click or tap to enter a date. |

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| **DECLARATION**: I certify that to the best of my knowledge the information I have given above is correct and I understand that any false information may lead to the termination of my contract. I agree to inform my manager of any changes in information when they arise. I accept that any overpayments will be deducted from my salary.**Signature: Date:**Click or tap to enter a date. |