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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 code  Details 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 business  Click 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](mailto: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. |