



EMPLOYEE PERSONAL INFORMATION FORM

Please use **BLOCK CAPITALS** for our employee records when you start.

INFORMATION	PLEASE WRITE YOUR DETAILS BELOW. PLEASE USE BLOCK CAPITALS
Mr/Ms/Miss/other	
First Names	
Full Surname	
Your address	
Post Code	
Home tel number	
Mobile no.	
Home e-mail	
Family emergency tel. contact number	
Family contact name & relationship to you	Name: Relationship:
Family contact address	
Post Code	
Name of Bank	
Bank sort code	
Bank account number	
Date of birth	
Relevant medical information in case of an emergency	

Data Protection: I understand that my personal data may be held on computer and in manual files for recruitment, selection, payroll, personnel, statistical and monitoring purposes and I consent to this.

Employee signature _____ Date _____