

Staff Appointment Form

Surname:		Forename:	
Address:		Title:	
		Marital Status:	
		NI Number:	
Postcode:		Telephone No:	
Email address:			
Specialty:		Level (e.g. CT1/ST3):	
Next of Kin			
Name:		Address:	
Relationship:			
Telephone No:			
Mobile No:			
Salary Payment			
Bank Name:		Branch:	
Sort Code:		Account number:	
Account Type:			
Salary Payment			
<p>The information provided by me is correct to the best of my knowledge and belief and I authorise County Durham and Darlington NHS Foundation Trust to deduct from my pay any monies due to the authority for private telephone calls, meals, rent and beverages. I understand that the information given will be entered on to a computer and under the terms of the Data Protection Act will be treated in a secure and confidential manner between NHS Training Trust within the Northern Deanery. I consent to the use of my personal data for the purposes for which it is registered under the Data Protection Act 1998. I accept that my starting salary is provisional and subject to verification of any previous NHS service, and that any adjustment necessary will be made to my salary when verification is received. I confirm that by signing this declaration I am accepting the terms and conditions of service outlined in my employment contract.</p>			
Signature:			
Name (Printed):			
Date:			

LET OFFICE USE ONLY			
Confirmation of Commencement on		Band Supplement:	
I certify that the above named commenced duty in the above capacity on the date stated:			
HRO Signature:		Date:	

PAYROLL USE ONLY			
Assignment Number:			
Month Entered:		Entered by:	Checked by:
Date Tracked:			
Payroll Assigned			
Banding Supplement:			
Bank Account Details:			
Tax Screen:			
RTI Screen:			
Welcome Pack Sent:			
Files Created:			