



STAFF TRANSFER FORM

Human Resources

Human Resources
Holywell Hospital
60 Steeple Road
ANTRIM
BT41 2QB
Tel no: 028 9441 3235
Fax no: 028 9441 3690

Date:

IDENTIFICATION

SURNAME _____ NEE _____
FIRST NAMES _____ NAT INS NO _____
FACILITY WHERE LAST EMPLOYED _____
EMPLOYED AS _____ DATE OF LEAVING _ _____
DATE OF BIRTH _____

Current or Most Recently Terminated Employment Salary Details

EMPLOYED AS _____
PAYSCALE CODE _____ PAYSCALE £ _____ £ _____
POINT ON SCALE _____ GATEWAY POINT _____ FINAL POINT _____
IF ON MAXIMUM DATE OBTAINED _____
INCREMENTAL DATE _____ DATE OF LEAVING _____

CONSULTANT MEDICAL STAFF (To be completed by HR/ PERSONNEL)

Date of Transfer to New Consultant Contract _____
Seniority on Assimilation _____ Current Pay Threshold _____
Years completed on current Threshold _____

Please detail number and value of Merit/ Distinction/ Discretionary Awards

Current and Previous Service (To be completed by HR/Personnel)

PLEASE VERIFY ALL KNOWN PREVIOUS SERVICE FROM YOUR TRUST AND OTHER TRUSTS
For Medical staff all locum (except Agency work) and flexible trainee employment to be included)

EMPLOYING AUTHORITY	GRADE	WT/PT	FROM	TO	VERIFIED YES/NO
AS ABOVE					

SICK LEAVE (DURING TWELVE MONTHS PRIOR TO DATE OF LEAVING)

AT FULL PAY		AT HALF PAY		WITHOUT PAY		INDUSTRIAL INJURY	
FROM	TO	FROM	TO	FROM	TO	FROM	TO

ANNUAL LEAVE

ENTITLEMENT _____ TAKEN _____

SUPERANNUATION

NAME OF SCHEME _____ SB NO _____

RATE OF CONTRIBUTION EMPLOYEE _____% EMPLOYER _____%

MENTAL HEALTH OFFICER YES/NO _____

PURCHASE OF ADDED YEARS ETC _____

PAY PROTECTION ARRANGEMENTS

1) LONG TERM: PLEASE STATE ARRANGEMENT _____

2) SHORT TERM: LEVEL OF EARNINGS £ _____

PERIOD OF PROTECTION _____

SIGNATURE _____ PRINT _____

DESIGNATION _____ TEL NO: _____