

ALL TRUSTS IN NORTHERN IRELAND
PERSONAL INFORMATION

THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL

Title: Forename(s): Surname:.....

Maiden Name: Marital Status:

Address (For correspondence):

.....
.....

..... E-Mail*:

Tel No: Mobile No:

DOB: ___/___/___ NI No: Gender: Male/Female (Please circle)

Registration G.M.C. (Please state type):

Registration No: Renewal Date:

Please confirm if you have been centrally assessed by an Occupational Health Department? (Please ✓)

YES (Date and place of Assessment:))

NO (If No, you must contact your local Medical HR team immediately)

Immigration Status:
(Category 1: Do not require a work permit / Category 2: Will require a work permit.)

Renewal Dates: (if appropriate) for leave to remain:

Citizen of EC Country: YES/NO NON EC: (Please state).....

* Please note this will be used for correspondence during your employment with the Trust and should be checked regularly.

PERSONAL INFORMATION SHEET (THE 2 PAGES MUST BE ATTACHED AND RETURNED TOGETHER)

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Next of Kin Details:

Name: Telephone:

Address:

.....
.....

Post Details:

Date & Place of Graduation:

Grade: (e.g. F1 / F2 / StR Level ___ / FTSTA Level ___ / LAT / CRF / SpR)

Date Appointed to Current Grade:

Specialty:..... Location:

Period of Employment for this post:

Additional Rotational Details with dates (if available):

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Signature: _____

Date: _____