

Clinic Assistant New Starter Information

Main Details

Full Name: _____

Clinic Location: _____

Date of Birth: _____

Home Address: _____

Email Address: _____

Home Contact Number: _____

Mobile Contact Number: _____

In Case of Emergency Contact

Name: _____

Contact Number: _____

Contact Address: _____

National Insurance Number: _____

Uniform

Gender: _____

Clothes Size: _____

Preferred Name on Name Badge: _____

Payroll Information

Do you have a P45 Yes/No? _____

Bank Name: _____

Bank Address: _____

Bank Account Name: _____

Account Number: _____

Sort Code: _____

Office Use Only

Employee Start Date _____

Employee Position: _____

Manager: _____

Hourly Rate/ Salary: _____

Sign: _____

Date: _____

- Uniform Ordered
- Name Badge Ordered
- Eligible to work in the UK
- Reference Obtained

HR Manager Signature: _____