

Belfast Health and Social Care Trust

PERSONAL INFORMATION

THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL

Title: Forenames (s) Surname

Maiden/Former Surname: Marital Status

Address (For correspondence):

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You must provide evidence of your residential address:

E-Mail*:

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

Tel No: Mobile No:

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

Disability: Yes/No (Please circle) Details:

Date & Place of Graduation:

Registration/License GMC/GDC (Please state if full or provisional):

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)

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

Nationality:

Permanent Residency: YES/NO (Please circle)

Immigration Status:

(Holds Tier 1 Visa / Tier 2 work permit required)

Renewal Dates (if appropriate) for leave to remain:

Please provide evidence of the right to work in the U.K e.g. Passport of an EC Country, Residence Permit, Tier 1 Visa, Birth Certificate and Photographic ID.

Evidence of Right to Work in the UK must be provided

Next of Kin Details:

Name: Telephone.....

Address:

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August 2011 Post Details:

Grade: (e.g. F1 /F2 /DF2/StR Level _ _ _ / FTSTA Level _ _ _ / LAT /CRF/ SpR)

Date Appointed to Current Grade:

Specialty: Location:

Period of Employment for this post:

Additional Rotational Details (if available): e.g., Foundation posts from Dec/April, specialty post from February

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Previous Service: (Beginning with your most recent service)

Dates.....Grade.....Location.....Specialty.....

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Signature : _____

Date. _____