Personal Details Record Form

Information to be obtained from all new staff and passed onto line manager / supervisor.

**Please ensure all information is completed in full.**

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| --- |
| **Personal details** |
| Surname: | Forename(s): |
| Maiden Name if applicable: | Preferred Name (if applicable): |
| Title: | Male / female (delete as appropriate): |
| Date of birth: |  |
| Home Address: |
|    |
|  |
|  Postcode: |
| Home Telephone: |
| Mobile: |
|  |

|  |
| --- |
| **Emergency Contact Details:** |
| Surname: | Forename(s): |
| Title: | Preferred Name: |
| Relationship to employee:  |
| Contact address if different from above: |
|    |
|  |
|  Postcode: |
| Home Telephone: |
| Work Telephone: |
| Personal Mobile: |
| Work Mobile: |
| **Emergency Contact Two:** |
| Name: |
| Relationship: |
| Home Telephone: |
| Work Telephone: |
| Mobile: |

Are there any medical conditions we should know about in the case of an emergency

Yes/No\* *Delete as appropriate*

If yes write details.............................................................................................................................

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| **General Practitioner’s Details** |
| Name: | Telephone Number: |
| Full postal address including postcode: |
|   |
|   |

**For Office Use Only**

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| **Criminal Records Bureau (CRB)** |
| Date disclosure requested: |
| Date disclosure received: |
| Satisfactory?Yes/No\* *Delete as appropriate* |
| Disclosure reference no: |
| Date valid ( From – To): |
| ISA Registration Number (if applicable): |
| **Contract Type** |
|  Permanent / Temporary / Voluntary |
|  Does the staff member have continuous employment terms?  |
| Yes/No\* *Delete as appropriate* |
| **Probation Details** |
| Is probation period required? |
| Yes/No\* *Delete as appropriate* |
| First Month Review: |
| Third Month Review: |
| Six Month Review: |
| Probation Passed?  |
| Yes/No\* *Delete as appropriate* |
| If No please detail: |