

NEW EMPLOYEE STARTER FORM

Employee ID: _____ Department: _____

Personal Information:

Full Name: _____

National Insurance Number: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone Number: _____ Email Address: _____

Employment Details:

Job Title: _____

Line Manager: _____

Employment Type (e.g. Full-time, Part-time): _____

Work Location: _____

Payroll Information:

Bank Name: _____ Sort Code: _____

Account Number: _____

Tax Code: _____

Emergency Contact Details:

Full Name: _____

Relationship: _____

Phone Number: _____

Health and Safety Declaration

I confirm that I have read and understood the Company's health and safety policies and that I will comply with all safety instructions and procedures during the course of my employment. I declare that I am fit to undertake my duties and have disclosed any medical conditions which may affect my work or require reasonable adjustments.

Data Protection and Privacy Notice

The Company will process my personal data in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. I understand that my information will be used for employment purposes, including payroll, benefits administration, and statutory reporting. I consent to such processing and acknowledge my rights under data protection laws.

Employee Declaration and Agreement

By signing below, I confirm that the information provided in this form is accurate to the best of my knowledge. I agree to abide by the Company's policies and procedures and understand that any false information may result in disciplinary

action, including termination of employment. I acknowledge that this form and any accompanying documents form part of my employment contract and are legally binding under UK law.

EMPLOYEE SIGNATURE

HR REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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