

**NEW EMPLOYEE FORM**

**Please complete ALL areas, as the information will be used to inform HR systems.**

**Incorrect completion of the form may result in delays in processing your documentation and start date due to compliance with HMRC Legislation.**

**Employee Details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name (s)** |  | | **First Name (including middle names) as they appear on your identification** | | | |  | | | |
| **Job Title:** |  | | | | | | | | | |
|  | |  |  | |  | | | | |  |
| **Salutation (Delete as applicable)** | | MR / MRS / MISS / MS  / MX / NO TITLE / Other – please state | | **Gender (Male or Female as it is legally recorded by HMRC)** | | | | |  | |
| **Gender (Self Defined) – Delete as Applicable** | | | | | Male / Female / Other/  Prefer Not to say | |
| **Date of Birth :** | |  | | **National Insurance Number:** | | | | |  | |
|  | |  |  | |  | | | | |  |
| **Address 1 – Home Address - This is the address any written correspondence will be sent to** | | | | | | | | | | |
| **Address:** | |  | | | **Postcode:** | | |  | | |
| **Home Phone No:** | | |  | | |
| **Mobile No:** | | |  | | |
|  | | | | | |
| **Preferred Email Address:**  Please note by completing this field you are consenting to receive correspondence from Warwick SU in relation to your employment | | | | | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address 2 (Term Time address, if details are different to above)** | | | |
| **Address:** |  | **Postcode:** |  |
| **Phone No:** |  |
|  | |

We would like to use your Warwick University Student ID No. for the sole purpose of recording student engagement with the SU. Please tick the box below if you consent to your Student ID being used for this purpose. You can opt out of this at any time by emailing <webrequest@warwicksu.com>

YES  NO

|  |  |
| --- | --- |
| **University ID No. (Applicable to current students of Warwick University only)** |  |

**Emergency Contacts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Contact 1** | |  | **Emergency Contact 2** | |
| **Name:** |  |  | **Name:** |  |
| **Relationship:** |  |  | **Relationship:** |  |
| **Home Phone No.** |  |  | **Home Phone No.** |  |
| **Mobile No.** |  |  | **Mobile No.** |  |
| **Address:**  **Postcode:** |  |  | **Address:**  **Postcode:** |  |

I can confirm that all of the above information is accurate at the time of completion and I give my consent to you using the information for the purpose of processing HR systems.

**Signed: Date:**