

**Guidance Notes for Completion and Return:**

- This form shows information which is held about you in the Electronic Staff Record. Please check that this information is accurate. If any of this Information is incorrect please amend in column entitled ‘Amend Information to’.

- For any professional registration numbers, if your number is not correct or out of date then please ensure you show a copy of your certificate to your manager.

- Please ensure the form is completed and returned by the 30th April 2013.

- Once completed, place in a sealed envelope, marked private and confidential and return to your manager, your manager will then return your completed form to HR.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Information currently held:** | | | **Amend information to:** | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | Dr | | | | | | | | | | | | | | | | | | | |  |
| Miss | | | | | | | | | | | | | | | | | | | |  |
| Mr | | | | | | | | | | | | | | | | | | | |  |
| Mrs | | | | | | | | | | | | | | | | | | | |  |
| Ms | | | | | | | | | | | | | | | | | | | |  |
| Other (Please State) | | | | | | | | | | | | | | | | | | | |  |
| Full Name:  (including middle name) |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Maiden name: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Preferred Name: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Previous Name: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Address: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Postcode: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Home Telephone No: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Mobile No: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Email Address |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Marital Status: |  | | | Civil Partnership | | | | | | | | | | |  | | | Single | | | | | |  |
| Divorced | | | | | | | | | | |  | | | Unknown | | | | | |  |
| Legally Separated | | | | | | | | | | |  | | | Widowed | | | | | |  |
| Married | | | | | | | | | | |  | | |  | | | | | | |
| Emergency Contact Details: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact Tel No: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Relationship to  Emergency Contact: |  | | | Brother | | | |  | | Friend | | | | | | | | | | |  | Other Relative | |  |
| Civil Partner | | | |  | | Mother | | | | | | | | | | |  | Partner | |  |
| Daughter | | | |  | | Nephew | | | | | | | | | | |  | Sister | |  |
| Emergency | | | |  | | Next of Kin | | | | | | | | | | |  | Son | |  |
| Father | | | |  | | Niece | | | | | | | | | | |  | Spouse | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Ethnic Origin: |  | | White British/Mixed British | | | | | |  | | | Asian Pakistani/British Pakistani | | | | | | | | | | | |  |
| Mixed White/Black Caribbean | | | | | |  | | | Asian Bangladeshi/British Bangladeshi | | | | | | | | | | | |  |
| White Irish | | | | | |  | | | Asian Other | | | | | | | | | | | |  |
| White Other | | | | | |  | | | Black Caribbean | | | | | | | | | | | |  |
| Mixed White/Black African | | | | | |  | | | Black African | | | | | | | | | | | |  |
| Mixed White/Asian | | | | | |  | | | Black Other | | | | | | | | | | | |  |
| Mixed Other | | | | | |  | | | Chinese | | | | | | | | | | | |  |
| Asian Indian/British Indian | | | | | |  | | | Other Stated Origin | | | | | | | | | | | |  |
| Country of Birth: |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Nationality: |  | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Sexual Orientation: |  | | | Bisexual | | | | | | | | |  | Lesbian | | | | | | | | | |  |
| Gay | | | | | | | | |  | Heterosexual | | | | | | | | | |  |
| I do not wish to disclose my sexual orientation | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Religious Belief: |  | | | Atheism | | | | | | | | | | | | |  | | | Islam | | | |  |
| Buddhism | | | | | | | | | | | | |  | | | Jainism | | | |  |
| Christianity | | | | | | | | | | | | |  | | | Judaism | | | |  |
| Hinduism | | | | | | | | | | | | |  | | | Other | | | |  |
| I do not wish to disclose my religious belief | | | | | | | | | | | | |  | | | Sikhism | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Disability: |  | | | | Learning disability/difficulty | | | | | | | | | | |  | | | Other | | | | |  |
| Long-standing illness | | | | | | | | | | |  | | | Physical Impairment | | | | |  |
| Mental Health Condition | | | | | | | | | | |  | | | Sensory Impairment | | | | |  |
| No | | | | | | | | | | |  | | | Yes - unspecified | | | | |  |
| I do not wish to declare my Disability | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Registration Numbers (if applicable)** | | **Information Currently Held:** | | | | | | | | | **Amend information to:** | | | | | | | | | | | | | |
|  | | **Valid From:** | | | | **Valid To:** | | | | | **Valid From:** | | | | | | | | | | | | **Valid To:** | |
| NMC | |  | | | |  | | | | |  | | | | | | | | | | | |  | |
| British Psychological Society | |  | | | |  | | | | |  | | | | | | | | | | | |  | |
| CIMA | |  | | | |  | | | | |  | | | | | | | | | | | |  | |
| General Social Care Council | |  | | | |  | | | | |  | | | | | | | | | | | |  | |
| Health Professions Council | |  | | | |  | | | | |  | | | | | | | | | | | |  | |
| Other (please state) | |  | | | |  | | | | |  | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | | | | **Signed** | | | | | | | | | | | | | | | | | |