



STAFF INFORMATION FORM

Please complete form & return to Front Office



| | |
|---|--|
| Title | |
| Surname | |
| First name | |
| Preferred name | |
| Mobile | |
| Address | |
| Date of Birth | |
| ED ID | |
| Dates of Appointment: Permanent / Contract: | |
| Emergency contact/ relationship/ phone number: | |
| Car registration, Make, Model & Colour: | |
| Special medical conditions: <small>(Information need only be enough to enable staff to give responsible care in an emergency)</small> | |
| I give permission to share my phone numbers & email address with other staff Sign: _____ Date: _____ | |
| I give permission to share my name & photos on social media Sign: _____ Date: _____ | |

Completed by Front office/Leadership

- | | |
|---|---|
| <input type="checkbox"/> Keys Issued | <input type="checkbox"/> Name Badge |
| <input type="checkbox"/> Security Code Issued (if applicable) | <input type="checkbox"/> Email instructions information |
| <input type="checkbox"/> EDSAS (if applicable) | <input type="checkbox"/> Staff Handbook |
| <input type="checkbox"/> Pigeon hole labelled | <input type="checkbox"/> Computer & Photocopier Log on |
| <input type="checkbox"/> Sighted WWC | <input type="checkbox"/> Induction Tour |
| <input type="checkbox"/> Sighted RAN | <input type="checkbox"/> SSOs: Copy of J&P |
| <input type="checkbox"/> Sign in System (SINE) | <input type="checkbox"/> EIK Instructions |