



Ex ertHR
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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.

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:	

Bank Details	
Name of Bank	Sort Code:
Account Name:	Account Number:
Title:	Male / female (delete as appropriate):

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.....

General Practitioner's Details	
Name:	Telephone Number:
Full postal address including postcode:	

For Office Use Only

Contract Type
Permanent / Part Time / Fixed Term / Apprenticeship / Other (Please State type)
Date of Continuous Service
Probation Details
Probation expires:
Mid-Point Review conducted on:
Final Review conducted on:
Probation Passed / Extended / Failed