**PERSONAL DETAILS FORM**

**ATTACHMENTS/ACADEMIC VISITOR/WORK EXPERIENCE**

**Section 1: To be completed by attachment/academic visitor/work experience placement**

MALE/FEMALE (delete as appropriate)

MARITAL STATUS (Civil Partnership/Civil Widowed/Dissolved/Divorced/Married/Separated/Single/Widowed/Prefer not to say)

SURNAME................................................ FIRST NAME....................................... MIDDLE NAME ……………………………..

TITLE......... DATE OF BIRTH……/……/……

CURRENT RESIDENTIAL ADDRESS:

……………………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………. POSTCODE: …………………………………..

EMAIL ADRESS:

……………………………………………………………………………………………………………………………………………………………

NATIONALITY………………………………………………

PASSPORT NUMBER …………………………………… WORK PERMIT/VISA (if applicable) ………………………………….

N.I. No: /\_\_.\_\_/\_\_.\_\_.\_\_.\_\_.\_\_.\_\_/\_\_/ HOME/MOBILE TEL: ............................................

LINE MANAGER…………………………………………………………………

RIGHT TO WORK IN UK VERIFIED BY…………………………………………………………………(Document seen and copy taken e.g. Passport)

Checked by (Name)……………………………………………………………………………

**NEXT OF KIN/EMERGENCY CONTACT DETAILS**

#### EMERGENCY CONTACT NAME: …………………………………ADDRESS:………………………………………………………………………

#### ……………………………………………………………………………………………………………………….. POSTCODE:…………………….

#### HOME TEL:……………………………...………. MOBILE………………………………………………..WORK…………………………………...

RELATIONSHIP……………………………………………………………………………………………………………………………………………

**HEALTH DETAILS**

Have you in previous employment or training worked with radioactive isotopes or other radioactive material or used ray techniques?

YES/NO\*

If YES, were you provided with any monitoring service? YES/NO?\*

If YES, please provide the name and address of the holder of your Exposure Record?............................................................

…………………………………………………………………………………………………………………………………………………

\* Delete as appropriate. If you reply YES, the Safety, Health and Environment Advisor will contact you.

Processing your Personal Information

I have read St George’s [privacy notice](https://www.sgul.ac.uk/about/our-professional-services/information-services/information-governance/data-protection/privacy-notice) and have provided my explicit agreement to allow St George’s, University of London, to collate, process my personal information in accordance with SGUL Data Protection Policy **YES** [ ]  **NO** [ ]

Further information on Data Protection is stored on the Staff Portal or can be sought from the HR Department or via dataprotection@sgul.ac.uk.

Signed................................................................... ……………………………………………………….Date.....................

**DECLARATION**

I certify that to the best of my knowledge the information I have given above is correct and I understand that any false information may lead to the termination of my contract. I agree to inform my manager of any changes in information when they arise.

Signed.................................................................………………………………………………….Date.....................

**Section 2: To be completed by Human Resources**

Date entered on to ITrent………………….

HR Signature ……………………………………………………………………………….Position……………………………………..