

## 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 using *CAPITAL* letters & black ink.**

Personal details	
Title: Mr / Mrs / Ms / Miss	Surname:
Forename:	Middle Name(s):
Date of Birth:	Male / Female:
National Ins No:	
Home Address:	
Postcode:	
Home Telephone:	
Mobile:	
Email:	
UK Passport No:	
Emergency Contact Details:	
Surname:	Forename(s):
Title:	
Relationship to employee:	
Contact address if different from above:	
Postcode:	
Home Telephone:	
Work Telephone:	
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:

**Bank Account Details**

Bank:

Sort Code:

(6 digits xx/xx/xx)

Account No:

(8 digits)

Account Name:

**Company**

Name: Funstation Ltd / Summertime Leisure Ltd

Location: Star City / Northampton / Castleford / Braehead / Nottingham / Hull / Edinburgh

Site: Funstation / Laser Station / Volcano Falls / Billing Aquadrome

(Please select &amp; circle one from each section)