

Please complete and return the form to;

Human Resources Administrator

Human Resources Department

St George’s, University of London

Cranmer Terrace

**Strapline** London SW17 0RE

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 (Married/Civil Partnership/Single/Divorced/Separated/Widow/Widower/Prefer not to say)

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

TITLE......... DATE OF BIRTH……/……/……

CURRENT RESIDENTIAL ADDRESS:

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

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

NATIONALITY………………………………………………

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

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

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

##### ARE YOU MEDICALLY QUALIFIED?: YES / NO

##### GMC Number:…………………………………………………..…………………………………………………..

Medical Protection Society No:………………………………………...

|  |
| --- |
| ARE YOU A STATE REGISTERED NURSE?: YES / NO  UKCC No. .................. Expiry Date.................. |

**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.

**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**

COMMENTS: …………………………………………………………………………………………………………………………..

attachment/academic visitor/work experience placement NUMBER: …………Date entered on to PSE………………….

Date to payroll ……………………….

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

Updated July 2012 in line with RTI requirements

**Equal Opportunities Monitoring Form **

Equal Opportunities Statement

St George’s, University of London confirms its commitment to a comprehensive policy of equal opportunities in employment in which individuals are selected and treated on the basis of their relevant merits and abilities and are given equal opportunities within St George’s.  The aim of these policies is to ensure that no job applicant or attachment/academic visitor/work experience placement should receive less favourable treatment on any grounds not relevant to good employment practice.  St George’s is committed to action to make these policies fully effective.

**Guidance**

**What is monitoring?**

Monitoring equal opportunities is the process used to collect, store and analyse data about people’s personal details (for example, sex, disability, race), which can be used to:

* highlight possible inequalities
* investigate the underlying causes of those inequalities
* seek to redress any unfairness or disadvantage.

The university has an equal opportunities policy which, in order to be effective, requires that we know more about the composition of applicants. The questions in this form are asked so that the university can comply with the legal requirements of the Equalities Act 2012.

There are 9 protected characteristics under the Equalities Act 2012, they are:

Age; Disability; Gender reassignment; Marriage and civil partnership; Pregnancy and maternity ; Race; Religion and belief; Sex and Sexual orientation

**How will this form be used?**

The information contained in this form will be treated in complete confidence and access to it will be strictly restricted. It will be used to monitor and analyse equality and diversity in the recruitment process. The statistical information will be invaluable in reviewing equal opportunities policies as mentioned above (under ‘What is Monitoring?’). None of this information will be used in any way in the recruitment process.

|  |  |  |  |
| --- | --- | --- | --- |
| **Post Details** | | | |
| Post applied for |  | Post Reference |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details** | | | |
| Date of Birth |  | Gender | Male  Female |

**C Marital Status**

|  |  |
| --- | --- |
| 1. Married / Civil Partnership | 2. Single |
| 3. Divorced | 4. Separated |
| 5. Widow / Widower | 5. Prefer Not to Say |

**D Religion or Belief**

|  |  |
| --- | --- |
| 1. Buddhist | 2. Christian |
| 3. Hindu | 4. Jewish |
| 5. Muslim | 5. No Religion |
| 6. Prefer Not to Say | 7. Sikh |
| 8. Other (please specify: |  |

**E Sexual Orientation**

|  |  |
| --- | --- |
| 1. Bisexual | 2. Gay Man |
| 3. Gay Woman / Lesbian | 4. Heterosexual |
| 5. Other | 6. Prefer Not to Say |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **F Disability** | | | | | | | |
| Disability is recorded on the basis of your own self-assessment. | | | | | | |
| 1. I do not consider myself disabled | |  | 1. I do not wish to disclose this | | | | |
| If you do consider yourself to be disabled, please tick the option below that best describes your disability. | | | | | |  | |
| Mental health condition (such as depression or schizophrenia) |  | Specific learning disability (such as dyslexia or dyspraxia) | |  | General learning disability (such as Down's syndrome) |  | |
| Cognitive impairment (such as autistic spectrum disorder or resulting from head injury) |  | Long-standing illness or health condition (such as cancer, diabetes HIV, chronic heart disease, or epilepsy) | |  | Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches) |  | |
| Deaf or serious hearing impairment |  | Blind or serious visual impairment | |  | Other type of disability (please specify)………………………………….. |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **G Race** | | | | |
| The options reflects the 20011 Census of Population ethnicity classifications used throughout the UK and so allows comparative statistics to be derived both within and without the sector.  What is your ethnic origin? Tick the one most appropriate box to indicate your ethnic origin. | | | | |
| 1. White – British |  | | 1. White - Scottish |  |
| 1. Other White background |  | | 1. White – Irish |  |
| 1. Asian or Asian British – Indian |  | | 1. Asian or Asian British – Bangladeshi |  |
| 1. Chinese |  | | 1. Asian or Asian British – Pakistani |  |
| 1. Black or Black British – African |  | | 1. Other Asian background |  |
| 1. Black or Black British – Caribbean |  | | 1. Other Black background |  |
| 1. Other Mixed background |  | | 1. Other Ethnic background |  |
| 1. Prefer Not to Say |  |  | |  |