Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

ENROLMENT FORM (Medical & Dental staff)

The fields marked with an asterisk (*) denote a mandatory field which must be completed.

Section 1 Personal Details

Surname*		**Forenames***	
Title		Known as name	
Marital Status		Maiden Name	
NI Number*		**Date of Birth***	
Gender*		Verified By	
Home address*		Home Tel. No.	
		Mobile No.	
Postcode*			
E-mail address			

Note that this e-mail address will be used to contact you in respect of Rota Monitoring / Revalidation & Appraisal activities etc. as applicable.

Section 2 Next of Kin and Emergency Contact Details

Full Name		Relationship	
Address			
		Tel. Number	
Postcode		Mobile Number	

Section 3 Employment Details

Previous NHS Employment (latest first)

Employer	Position	Commenced	Terminated	FT / PT	Superannuable

Section 4 Professional Registration (General Medical Council / General Dental Council)

GMC registration no. (if applicable)		**GDC registration no. (if applicable)**	
Registration type		**Registration type**	
Renewal date		**Renewal date**	

Section 5 Medical / Dental Qualifications

Qualification	Date Obtained	Verified by

Section 6 Bank / Building Society Details*

To be completed by Employee

Bank / Building Society Name*			
Branch Address*			
Account Name*			
Bank Sort Code*		**Bank Account No.* (8 Characters)**	
Building Society Roll number (max 13 Characters)*			

You should enclose with this form	1) P45 / P46 tax forms	
	2) National Insurance Certificate Reduced/Non Liability	

(If these are not immediately available, they should be forwarded as soon as possible - this form must not be delayed)

Do you wish to join the NHS Pension Scheme?	Yes / No
	If 'No' then please read the SD502 Guidelines
Are you buying Additional Benefits in the NHS Pension Scheme?	Yes / No
Are you a Re-employed NHS Pensioner?	Yes / No
Have you claimed benefits from the Benefits Agency in the last 8 weeks?	Yes / No

Section 7 Monitoring Information

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

If you consider yourself to have a disability / condition or do not wish to disclose this information, please indicate in the cell below*

Please indicate the ethnicity which best describes you *		
Please state your Nationality*		
Do you or are you learning to speak another language?	Yes / No	
If yes, which language(s). Please state		
Welsh Language Competency - Please select from the following: None / Basic / Fair / Moderate / Good / Proficient		

Section 8 Revalidation Information (non-training grade doctors only)

Revalidation date		**Last Appraisal date**	
Is this employment with Cardiff and Vale UHB your main employment?			

Details of other employment being undertaken in addition to this employment with Cardiff and Vale UHB:-

Section 9 Signature

Signature of Employee*		**Date**	