**SWL COLLABORATIVE STAFF BANK PERSONAL DETAILS FORM**

***To complete ALL boxes. Please print in black ink***

**Gender** (please tick)

**Male**

**Title** (please add)

**Female**

**Full Name**

(as it appears on your passport)

**Band 5 RN**

**Band 2 HCA**

**Job Band** (please tick)

**Date of Birth**

**Address**

**National Insurance Number**

Epsom & St Helier  St George’s 

Kingston 

Kingston

**Which Hospital do you want to**

**work at?**

(please tick as applicable, excluding your Home

Trust)

**‘HOME’ Trust** (the Hospital you work at)

**Email address**

**Contact Number**

(Home/Mobile)

**Bank Sort Code**

**Bank Account Number**

**Declaration**

* I confirm that to the best of my knowledge the information given on this form is true and correct
* I confirm I have received, read and understood the SWL Collaborative Staff Bank Joiner Guidelines
* I agree to sharing my personal information with Trusts who are participants in the SWL Collaborative Staff Bank

**Signature: ……………………………………………………………….… Date: …………………………………………………………….**

**Please NOTE that payment for shift work can’t be made without completion of the Pensions Questionnaire for EACH Trust. Whilst every effort will be made to process Joiner Forms as soon as possible, forms submitted LESS than 10 days BEFORE a shift is worked, may result in delayed payment.**

**Please turn over >**

**South West London Collaborative Staff Bank 48 Hour Max Opt-Out Form**

**The Working Time Regulations 1998**

I agree that:

**(1**) the limit on maximum weekly working time specified in regulation 4(1) of the Working Time Regulations 1998 shall not apply to me and that I may work in excess of an average of 48 hours in each seven day period

**(2)** subject to (3) below, this agreement shall apply indefinitely

**(3)** this agreement is terminable by me giving one month’s notice in writing to my employer

**FULL NAME: ……………………………………………………………………………………………….**

**‘HOME’ TRUST: ………………………………………………………………………………………………**

**CURRENT PAYROLL No. ……………………………………………………………………………………………….**

**DATE: ……………………………………………………………………………………………….**

**SIGNATURE: ……………………………………………………………………………………………….**

**Please return the completed form to your Home Staff Bank office either by hand or via email (as a signed, scanned document)**