

# PTG TREATMENTS LIMITED

## EMPLOYEE STARTER FORM

**Site:**

**Date:**

<b>Employees Full Name and Address</b>		<b>Employment Details</b>	
		Commencing Date:	
		Hours to be Worked:	
		Commencing Salary: £	
	Post Code:	Department:	
Tel:	Date of Birth:	Position Held:	
Mobile:			
Email Address:			
National Insurance Number			

<b>Name and number of Emergency Contact:</b>		<b>Bank Details</b>	
		Bank:	
		Branch:	
Daytime Contact Tel. No.			
Mobile Contact No.			
Is P45 attached? YES or NO	(If NO please give reason below)	Bank Account No.:	
Nationality		Sort Code:	
<b>Require Copy of Passport and Photo Driving licence/Birth Certificate</b>		If Building Society – Roll No.	

**EMPLOYMENT REFERENCES**

PROFESSIONAL – Name & Address (clearly printed)	PERSONAL/PROFESSIONAL – Name & Address (clearly printed)
<b>CAPACITY:</b>	<b>CAPACITY:</b>
<b>EMAIL:</b>	<b>EMAIL:</b>

NOTE: This document is to be sent to Michelle Tonge/Joy Marsden immediately by e-mail.