STAFF SERVICES APPLICATION FORM

Staff Services D Floor Belfast City Hospital BT9 7AB **Direct:** Tel. 028 9063 8648
Email: admin@staffservices.co.uk **Website:** **www.staffservices.co.uk**

GIVE TO REPRESENTATIVE OR RETURN APPLICATION VIA EMAIL

Please tick relevant boxes when appropriate

Title:	Dr	Mr	Mrs	Miss	Ms	**Date of Birth:**	/ /

First Name:

Last Name:

Home Address: **Circle:** **Co. Antrim / Co. Armagh / Co. Derry / Co. Down / Co. Fermanagh / Co. Tyrone**

House Address

Mobile: Postcode:

Home Email:

Work Details: **Circle : Belfast Trust - Northern Trust - South Eastern Trust - Western Trust - Southern Trust**

Job Title:

Department:

Ward/Level:

Hospital/Health Centre/Building:

Town: **Postcode:**

Telephone: **if known**

Work Email:

Staff Number:

National Insurance:

This information is required by Salaries & Wages department

☐ **I authorise payroll to deduct the appropriate subscription from my salary, £1.25 a week, it being is non-refundable and may be varied. I agree, that deduction to continue when moving between trusts (Minimum membership is for 1 calendar year, annually from 1st January to 31st December). Subsequent years renewed automatically from 1st January. Every effort is made to keep members' details up to date, but the onus is on the member to keep us informed of contact address changes, otherwise we cannot guarantee correspondence / Benefits Directory to be delivered to the correct address. In signing I have read Terms & Conditions and Privacy policy which apply on https://staffservices.co.uk/privacy-policy/ . Please contact us for copy if required.**

☐ **I agree to receive communications from Staff Services and service providers of latest benefits will be emailed on a regular basis.**

Date	/ /	**Signature:**	