

REGISTRATION FORM

Date of Issue: (Form Only)

APPLICANT DETAILS	
Name:	_____
Home Post Code:	_____ Registered Disabled: Yes / No) _____
Grade:	_____ *Classification: (see Below) _____
Permanent / Temporary:	_____ Contracted Hours: _____
Shift Details:	Day <input type="checkbox"/> Night <input type="checkbox"/> Both (regularly) <input type="checkbox"/> On Call <input type="checkbox"/>
Working Hours:	_____
Department / Location:	_____
Office Telephone Number / Bleep Number:	_____

CAR DETAILS	
Registration:	_____ Make: _____
Colour:	_____

CONFIRMATION:	
Date Card Required:	_____
Signed: (Applicant)	_____
Authorised: (Department Manager)	_____

CARK PARK OFFICE USE	
Card No:	_____ Date of Issue: _____ Expiry Date: _____
Programmed By:	_____ Access: _____
Users Signature:	_____
D/base Entry:	_____ Category: _____ Department: _____

Forms should be completed and returned to **Security Centre, Terraced Car Park, Ulster Hospital*** **Select from: Nursing, Medical, AHP, Management / Admin.; Ancillary & General, Maintenance or Other**

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

AUTHORITY TO DEDUCT CAR PARK TARIFF FROM SALARY

(PLEASE COMPLETE IN BLOCK CAPITALS)

To: (Employer) **SOUTH EASTERN HEALTH AND SOCIAL SERVICES TRUST**

First Names: _____

Surname: _____

Address: _____

Staff Number: _____

Employment Base: _____

*I authorise the deduction from my Salary / Wages until further notice, the sum of
£15.00* / £11.00* per calendar month or £3.46* / £2.75* per week – delete as appropriate*

Start Date: _____

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

First deduction to be taken in the month: _____ **Amount: £** _____

Amount Thereafter: £ _____

Please return this form to:

Security Centre, Terraced Car Park, Ulster Hospital