



New Employee Start Form

Please fully complete this form in order for all new start employees, so their record contains all information required.

Please complete all information in full and submit it to Central Admin or by eMail to hqadmin@indigoleisure.co.uk at least five working days before an employee commences employment with us.

Please also ensure employee completes Employee BACS Details Form which should also be sent to Central Admin.

Personal details

Forename(s):	Surname:
Maiden Name if applicable:	Known As (if applicable):
Title:	Male Female
Date Of Birth:	National Insurance No:
Home Address:	
Postcode:	
Home Telephone:	
Mobile Telephone:	

Employment Details

Outlet:	
Job Title:	
Start Date:	
Line Manager:	
Pay Type:	
Rate of Pay:	

Personal License Holder Information (if applicable)

Personal License Number:	
Issuing Local Authority:	
Expiry Date	
Certified Copy Date:	

Please ensure all Personal License holders produce the original copy of their license and obtain a certified copy which should then be sent to Central Admin.

Licensing Law Training (for non Personal License Holders)

Training Date:	
Trained By:	
Personal License Number:	
Issuing Local Authority:	

Please ensure all you retain the training booklet certificate on site in the licensing register. Scanned copies should be sent immediately to hqadmin@indigoleisure.co.uk

Non UK Citizen Information

Nationality		EU Citizen?	
Date of Entry into UK		Port of Arrival into UK	
Work Visa Required?		Work Visa Evidenced	
Passport Copied Date		Home Office Documents Copied Date	

For all non EU citizens we require the above section fully completed and colour photocopies taken of passport, Home Office paperwork and visa authorising work in the UK. Scanned copies should be sent immediately to hqadmin@indigoleisure.co.uk

Emergency Contact Details (Primary)

Surname:

Forename(s):

Title:

Preferred Name:

Relationship to employee:

Contact address if different from above:

Postcode:

Home Telephone:

Work Telephone:

Personal Mobile:

Work Mobile:

Emergency Contact Details (Secondary)

Surname:

Forename(s):

Title:

Preferred Name:

Relationship to employee:

Contact address if different from above:

Postcode:

Home Telephone:

Work Telephone:

Personal Mobile:

Work Mobile:

Do you suffer from any pre-existing medical conditions which we should know about in the event of an emergency?

Yes/No* *Delete as appropriate*

Pre-Existing Medical Conditions

Condition:

Date Diagnosed:

Details of any medications taken as a control measure:

Condition:

Date Diagnosed:

Details of any medications taken as a control measure:

Condition:

Date Diagnosed:

Details of any medications taken as a control measure:

General Practitioner's Details

Name:

Telephone Number:

Full postal address including postcode:

For Office Use Only

IT Permissions

eMail Address:	Added Date:	
Payroll Profile:	Added Date:	
Staff Rota Profile:	Added Date:	
Social Media Permissions:	Facebook	Twitter

Stockade & DPOS

Stockade User?	YES / NO	Username:	Date:
Cashier ID		Cashier Name	
PubCard Holder?	YES/NO	Account Number	
PubCard Account		Price Level <input type="checkbox"/>	Discount Set <input type="checkbox"/> Promotions Setup <input type="checkbox"/>
DPOS Actions Date:	Cashier DPOS Setup <input type="checkbox"/>	PubCard Tested <input type="checkbox"/>	
PubCard Issue Date	Issued By		

Central Admin Checklist

New Employee Start Form Received Date	
eMail Account Initial Tasks Completed	
Job Location:	
Line Manager:	
Pay Type: Weekly / Monthly / Salary (<i>Delete as applicable</i>)	
Rate of Pay:	
Date bank details form completed/updated:	