

Consultant / Additional Information

Please complete this document and return with your application.

Vacancy Reference Number: _____

Name:	
Former surnames:	
National Insurance number:	
GMC Registration Number:	
Speciality:	
Designated Body for Revalidation:	
Revalidation Responsible Officer (if known):	
<u>Salary Details</u>	<u>Please attach a copy of your current payslip</u>
Date of next increment (if applicable):	

Additional information: Pension Scheme

Date of birth	
Last place of NHS work	
Address of last place of NHS work	
Date last NHS job ended	
SD Number (superannuation division)	
Did you contribute to the NHS pension scheme during this employment Y/N	
If 'No' did you opt out of the NHS Pension Scheme	
Did you take out an AVC (Additional Voluntary Contribution) contract in this previous NHS	

employment?	
If Yes please provide a copy of your AVC contract	
Do you wish to contribute to the NHSPS in respect of your employment with the University	

I confirm the information supplied is a true record of my current employment details.

Print Name:	
Signature:	
Date:	