

ST. JOHN'S HOSPICE IN WIRRAL
New Starter Form

CONFIDENTIAL

To be completed by employee .PLEASE USE CAPITAL LETTERS THROUGHOUT

Name:

Known as:

Mobile No:

Next Of Kin 1:

Name:

Relationship: Please state e.g. Husband, Mother etc

Home Phone Number:

Mobile No:

Address:

..... Post Code

Next Of Kin 2:

Name:

Relationship: Please state e.g. Husband, Mother etc

Home Phone Number:

Mobile No:

Address:

..... Post Code