

**SWANSEA COLLEGE PAYROLL INFORMATION FORM**

**PERSONAL DETAILS**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Surname: \_\_\_\_\_ Known As: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone Number (s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ N. I. Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

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**EMERGENCY CONTACT DETAILS** (who to contact in the event of an accident/emergency)

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home & Mobile Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

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**BANK DETAILS**

Name of Bank: \_\_\_\_\_

Branch & Address: \_\_\_\_\_

Account Holder's Name (name on card/cheque book): \_\_\_\_\_

Account Number (8 Characters): \_\_\_\_\_

Sort Code (6 Characters): \_\_\_\_\_

Other Bank Reference Details (if applicable): \_\_\_\_\_

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**EQUAL OPPORTUNITIES** (for monitoring purposes only)

Marital Status: \_\_\_\_\_ Nationality: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_ Disabled: YES / NO  
(WHITE, MIXED, ASIAN, BLACK, OTHER )

I certify that the above information is correct and I authorise Freedom Leisure/Freedom Fitness to use this information for human resources/payroll procedures

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_