



Employee Details

Please return this form to: **Human Resources, 2nd Floor, Sardinia House, London School of Economics and Political Science, Houghton Street, London WC2A 2AE.**

If you are a new member of staff, please complete this form in full and return with your contract.

If you have completed this form before, but some of your details have changed, just complete your name and date of birth in the top section, and only those other sections for which details have changed.

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

* delete as applicable

Title: Miss/Ms/Mrs/Mr/Dr/Professor/Other (please specify)*			
Surname:			
Forenames:		Known as:	
Date of birth: (dd/mm/yyyy)		Gender:*	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality:		National Insurance Number:	
Home address:			
		Postcode:	
Home telephone number:			
Mobile telephone number:			

The School uses a mass texting facility to contact staff in the event of an emergency affecting the School premises, so in those circumstances may contact you by sending text messages to your mobile telephone or by sending text-to-voice messages to your land line. If you wish to opt out of such an arrangement, please tick here [☐]

If you are moving to the UK, please ensure you send your updated information as soon as it is available.

Bank/Building Society Details

Please pay my salary into the following Bank/Building Society account* until further notice:

Name of Bank/Building Society:			
Address of Bank/Building Society:			
Bank/Building Society Sort Code		-	
Bank Account number: (8 digits)			
Building Society account/roll number: (if applicable)			

Emergency Contacts

Full name:	Full name:
Relationship:	Relationship:
Home telephone:	Home telephone:
Work telephone:	Work telephone:
Mobile telephone:	Mobile telephone:
Email:	Email:

If overseas, please ensure that you include the country code in telephone numbers.

Degrees, Honours, Titles

Qualifications eg, PhD, MA, BSc	Subject – for PhD, please stipulate the general academic area eg, Economics, Anthropology	Institution and country

Professional Qualifications

What was your main occupation prior to joining LSE? Please tick relevant box:

Another HEI in UK. Please specify	<input type="checkbox"/>	Health service in an overseas country	<input type="checkbox"/>
 		Other public sector in UK	<input type="checkbox"/>
HEI in an overseas country	<input type="checkbox"/>	Private industry/commerce in UK	<input type="checkbox"/>
Other education institution in UK	<input type="checkbox"/>	Self-employed in UK	<input type="checkbox"/>
Other education institution in an overseas country	<input type="checkbox"/>	Other employment in UK	<input type="checkbox"/>
Research institution in the UK	<input type="checkbox"/>	Other employment in an overseas country	<input type="checkbox"/>
Research institution overseas	<input type="checkbox"/>	Not in regular employment	<input type="checkbox"/>
Student in UK	<input type="checkbox"/>	Student in an overseas country	<input type="checkbox"/>
		NHS/General medical or general dental practice in UK	<input type="checkbox"/>

Ethnic Origin Please tick relevant box:

White – British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
Other white background	<input type="checkbox"/>	Mixed – White and Black Caribbean	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>
Black or Black British – African	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>	Other Mixed background	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	Other Ethnic background	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>	Information refused	<input type="checkbox"/>
Asian or Asian British – Bangladeshi	<input type="checkbox"/>		

Disability

The Equality Act 2010 defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself disabled?

Yes ☐ No ☐

If yes, please select up to two of the following disability types:

Specific learning disability (such as dyslexia or dyspraxia)	<input type="checkbox"/>	Mental health condition (such as depression or schizophrenia)	<input type="checkbox"/>
General learning disability (such as Down's syndrome)	<input type="checkbox"/>	Physical impairment or mobility issues	<input type="checkbox"/>
Cognitive Impairment (such as autistic spectrum disorder or resulting from head injury)	<input type="checkbox"/>	Deaf or serious hearing impairment	<input type="checkbox"/>
Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	<input type="checkbox"/>	Blind or serious visual impairment	<input type="checkbox"/>
		Other	<input type="checkbox"/>

Signed:

Date:

The information is held for equal opportunities monitoring purposes. The information provided on this form will be stored on the HR database. Some information will be shared with other LSE databases for general administration purposes. Information supplied in statistical returns to government, funding or other organisations will be anonymised. It is voluntary to provide information regarding ethnic origin and disability.

For HR use only

Input by:	<input type="text"/>	Date:	<input type="text"/>	Authorised by:	<input type="text"/>	Date:	<input type="text"/>
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