

GUIDELINE 2H

Table 12

Staff member's personal data form

- 1. All sections must be completed as fully as possible, using block letters.
- 2. All information will be treated as confidential.

Title (e.g. Dr, Mr, Mrs, Miss, Ms, etc):

Surname:.....

Maiden name (if applicable):.....

First Name:.....

Middle Names:.....

Preferred Name:.....

Birth date: / /

Identity Number:.....

Nationality (If not South African please provide work permit / residence permit number):.....

Marital Status:.....

Gender: Male..... Female.....

Race:..... African.....

Asian.....

Coloured..... White.....

Disability (please provide details if applicable):.....

Postal Address:.....

Telephone (Home): ()

Telephone (Business): ()

Cell:.....

Postal code:.....

E-mail address:.....

Residential
Address:.....

.....	
.....	
.....	
.....	
Postal code:	
.....	
General Information	
Driver's License: Yes/No	Code(s):
Tax Reference Number:	Tax Office:
Next of Kin	
First Name:	Relationship:
Surname:	Cell phone:
	Email:
Medical Practitioner	
First Name:	Cell phone:
Surname:	
Medical Aid	
Medical Aid:	
Medical Aid Number:	Medical Aid Plan:
	Number of Dependants:

Banking Details	
Bank Name:	
Branch Code:	Branch Name:
Account Number:	
Account Holder Name:	
Account Type:	

Dependant / Spousal / Life Partner Details	
Spousal / Life Partner Details	
Spousal / Life Partner Name:	Spousal / Life Partner Date of Birth:
Spousal / Life Partner ID number:	
Dependants Details	

1. Surname:	Name:
Gender: Male Female	Date of Birth:
Relationship:	
2. Surname:	Name:
Gender: Male Female	Date of Birth:
Relationship:	
3. Surname:	Name:
Gender: Male Female	Date of Birth:
Relationship:	

Languages			
Primary Language:			
Speak:	Basic	Intermediate	Fluent
Read:	Basic	Intermediate	Fluent
Write:	Basic	Intermediate	Fluent
Second Language:			
Speak	Basic	Intermediate	Fluent
Read	Basic	Intermediate	Fluent
Write	Basic	Intermediate	Fluent
Other Language:			
Speak	Basic	Intermediate	Fluent
Read	Basic	Intermediate	Fluent
Write	Basic	Intermediate	Fluent

Qualifications		
Institution	Degree/Certificate	Year of completion

Qualifications		
Institution	Degree/Certificate	Year of completion

Prior work experience			
	Current Year	Prior	Prior
Employer:			
Address:			
Phone number:			
Name of immediate supervisor:			
Duration of employment :			
May we contact the employer	Yes/No		
Professional Memberships			
Organisation:			
Membership Date:			
Comments			
Comments / Additional Information:			

DECLARATION

I certify that the above information, as provided by me, is true and correct to the best of my knowledge.

Signature of Staff member

Date