**CSO OFFICE USE ONLY**

Job Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No of Working days:\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Numbers |  |
| Commencement Date: |  |
| Date Of Birth: |  |
| Department/Position: |  |
| Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@osmpartners.ie |  |
| PPS No: |  |
| Salary: |  |
| P45 Enclosed: YES NO |  |
| Initials: |  |
| **Bank Account Details:**  Name of Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Branch/Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Account No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IBAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **VHI MEMBERSHIP**  **If yes please complete the VHI membership form enclosed.**  **Do you agree to have any additional VHI payments deducted from your salary where the health insurance covers costs more that the Firm’s contributions?**  **Yes No** |

Contract Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_