**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_