

# Derriford Centre for Health and Wellbeing – NHS Member Form (Payroll)

Surname  Forename

## PERSONAL DETAILS - PLEASE FILL IN

Home telephone

Work telephone

Mobile telephone

Address

Postcode

NHS email address

Title  Mr [ ] Mrs [ ] Ms [ ] Miss [ ] Dr [ ]

Gender  Male [ ] Female [ ]

Marital status  Single [ ] Married [ ]

Date of birth

Emergency contact name

Emergency contact telephone

Joining reason

Employer (PHNT/Livewell)

Payroll number

To start from

Monthly amount (Office use)  £16

Interim payment (Office use)

Amount to deduct (Office use)

**Please note: from the 28th September 2019, the monthly membership fee will be £16.**

Instructions to Payroll (as applicable). Please pay Derriford Centre for Health and Wellbeing Direct Debits from my salary in this instruction. I understand the this instruction may remain with Derriford Centre for Health and wellbeing and my pay office. Should I wish to cancel or amend my deductions from my salary, I will contact DCHW who are responsible for my membership and who will in turn advise my pay office.

Signature(s)

Date

I would like to receive updates and info via email  via SMS