

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

Membership Number

Club Name

Derriford Centre for Health and Wellbeing

Card Number

Our Ref.

Surname

Forename

PERSONAL DETAILS - PLEASE FILL IN

Home telephone (inc. code)

Work telephone (inc. code)

Mobile telephone

Address

NHS email address

Mail title

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

Gender

Male [] Female []

Marital status

Single [] Married []

Date of birth

Emergency contact name

Emergency contact telephone (inc code)

Joining reason

Employer (PHNT/Livewell)

Payroll number

To start from

Monthly amount (Office use)

£15

Interim payment (Office use)

Amount to deduct (Office use)

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