



PLEASE COMPLETE EACH SECTION IN BLOCK CAPITALS WITH BLUE OR BLACK INK. IF ANY SECTION IS NOT APPLICABLE PLEASE ENTER 'NOT APPLICABLE'.
A FORM CONTAINING UNCOMPLETED SECTIONS WILL NOT BE ACCEPTED.
THE FORM MUST BE COMPLETED IN TRIPLICATE AND ALL THREE COPIES MUST BE RETURNED TO THE DEPARTMENT OF EMPLOYMENT.

NOTICE OF TERMS OF ENGAGEMENT

EMPLOYEE'S DETAILS:

SURNAME: _____
SURNAME AT BIRTH: _____
FIRST NAME: _____
ADDRESS: _____
EMAIL: _____
DATE OF BIRTH: _____
TEL/MOBILE NO.: _____
NATIONALITY: _____
ID/PASSPORT NO.: _____

EMPLOYER'S DETAILS:

EMPLOYER'S REGISTRATION NO.: _____
(under Business Trades & Professions (Registration) Act 1989)
EMPLOYER'S NAME: _____
ADDRESS: _____
TEL NO.: _____
MOBILE: _____
EMAIL: _____
NATURE OF BUSINESS: _____

EMPLOYMENT DETAILS:

EMPLOYED AS: _____ AT (PLEASE SPECIFY LOCATION) _____
*WILL BEGIN ON/BEGAN ON: _____ *FOR AN INDEFINITE PERIOD/WILL TERMINATE ON _____
*please delete as necessary

IF YOU HAVE WORKED IN GIBRALTAR BEFORE PLEASE COMPLETE THE FOLLOWING:

NAME OF LAST EMPLOYER: _____ ADDRESS: _____
PERIOD OF EMPLOYMENT: FROM: _____ TO: _____

THE FOLLOWING ARE THE PARTICULARS OF THE TERMS OF YOUR EMPLOYMENT WITH EFFECT FROM: _____

1. REMUNERATION:	£ Yearly/ Monthly/Weekly/ Other (please state)	6. SICKNESS AND INJURY PAY:	
2. CONDITIONS UNDER WHICH INCREMENTS, IF ANY, ARE PAYABLE:		7. PENSION AND PENSION SCHEME:	
3. INTERVAL AT WHICH REMUNERATION IS PAID:	Monthly/Weekly/Other (please state)	8. LENGTH OF NOTICE: (A) BY THE EMPLOYEE	
4. HOURS OF WORK:		(B) BY THE EMPLOYER	
5. HOLIDAY AND HOLIDAY PAY		9. INDUSTRIAL PAY AGREEMENT: (WHERE APPLICABLE)	

EMPLOYER

SIGNATURE: _____ NAME: _____
POSITION IN THE BUSINESS, TRADE OR PROFESSION: _____ DATE: _____

EMPLOYEE

NOTICE OF ACCEPTANCE OF ABOVE TERMS OF ENGAGEMENT

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

ACCEPTED BY	DATE	INPUT BY	DATE	C/CHECKED BY	DATE

P NO.: _____
VACANCY NO.: _____
VACANCY DATE: _____