

## Questionnaire for new employees

### Personal details

Personnel no.       -

1. Surname + (if applicable) unmarried name		M	F*
Do you use your own name / the name of your partner/spouse / both names?*			
2. First (and middel) name		Name you go by	
3. What titles ** do you use?			
4. Street, house number			
5. Place of residence		Zip code	
6. Date of birth			
7. Town / city and country of birth			
8. Civil status		single long-term relationship	married registered partnership*
9. Nationality			
10. BSN number			
11. Digital Author Identifier (DAI)****			
12. Open Res. & Contrib. (ORCID)****			
13. Home telephone			
Mobile phone			
Emergency phone number			
Private e-mail address			
Your telephone numbers/e-mail address will be included in the automated personnel system. This system is accessible to a small group of people only. Do you agree to this? YES NO*			
14. If under 18:			
Address of your parents or legal guardian(s)			

\* Strike through whichever is not applicable. \*\* Academic titles prof. dr. / prof. dr. mr. / dr. / drs. / mr. / ir. etc.

\*\*\*\* This only applies if you publish scientific articles.

**Educational background (if university level, see no. 17)**

15. What type of secondary schooling or vocational training have you done?	Name and address of the school or educational establishment	Certificate / date	If you did not receive a certificate, in which class did you leave school?
16. Registration under Individual Health Care Professions Act	YES NO*		
Is this registration restricted?	YES NO*		
17. Do you hold a PhD? If so, please state: university, faculty, date and title of dissertation.			
17a. Are you currently doing doctoral research? If so, when do you expect to complete it?			
18. Registration Committee for Medical Specialists MSRC YES NO*	In what specialisation?		

**Add work experience and ABP overview for years of government service**

**19. Have you worked for a government agency in the past or have you completed national service?**  
 Ten please add the ABP service time overview of your years of government service. The data is used to determine your years of service. You can request the overview from the ABP ([www.ABP.nl](http://www.ABP.nl), MijnABP).  
 No ABP pension overview please.

**Varied**

<b>20. Did you work in a foreign hospital in the course of the past two months?</b>	<b>YES</b>	<b>NO*</b>
<b>21. Were you admitted to a foreign hospital as a patient in the past two months?</b>	<b>YES</b>	<b>NO*</b>
<b>22. Did you submit a Certificate of Good Conduct (VOG)?</b> (needed if you are appointed for more than 3 months)	<b>YES</b>	<b>NO*</b>

**The above questions have been answered truthfully:**

- The undersigned certifies that those things of which he/she has knowledge through his work and which were entrusted as secret or are confidential, will not be disclosed to anyone other than the person to whom he/she is accountable within the LUMC.

<b>Place</b>	
<b>Date</b>	
<b>Signature</b>	

**NOTE:** With this you also certify the accuracy of the information provided and that you have not withheld any relevant information that should reasonably have been mentioned in the resume attached.

## IBAN account Payroll tax credit Country of residence for payroll tax table

### Details employee

Name	
Starting	

Requests a monthly salary transfer to the bank account below:

IBAN number	
BIC number	

### Payroll tax credit

The payroll tax credit is a discount on the wage tax / national insurance contributions. The payroll tax credit may only be applied agency where your wage or benefit is highest. by one employer or benefits agency at the same time. The advice is to have the wage tax credit applied by the employer or benefits agency where your wage or benefit is highest.

**Do you want the LUMC to apply the payroll tax credit?** Tick 'YES' if you want the LUMC to apply the payroll tax credit.

<input type="checkbox"/> YES, starting
<input type="checkbox"/> No, starting

### Signature

Date	
Signature	

### Country of residence

As of 2019 de country of residence decides the payroll tax to be withheld: different rates apply for residents and non-residents of the Netherlands.

Employees are divided in five groups (see below): select the group that applies to your situation.

- employee and residing in the Netherlands
- employee and residing in Belgium
- employee and residing in another EU-member state, an EEA-country (Iceland, Norway and Liechtenstein), Switzerland or the BES-islands (Bonaire, St. Eustace and Saba).
- employee and residing in Surinam or Aruba
- employee and residing in a country, other than those mentioned under 1 - 4.

### For physician assistants only

I want to become a member of the Assistentenvereniging (Physician Assistant Association) and pay € 6,00 a month, and hereby give permission for this amount to be deducted from my salary.

I do not want to become a member of the Physician Assistant Association.

### Invullen door Personeelsadministratie

Emplid	
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