|  |  |  |
| --- | --- | --- |
| HR101 | **PERSONAL DETAILS** | whitebacklogo |

**Before you begin**

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| --- |
| * The latest version of this form must be downloaded from the UCT forms website: <http://www.forms.uct.ac.za/forms.htm>
* This form is completed by an employee for new appointments and re-appointments with a break in service. If completing for the first time, complete the *entire* form. It is not necessary to complete the HR101 form for re-appointments with no break in service and no change in details.
* This form is also completed by an employee when they wish to change their personal details, e.g. address, banking details. In this case, complete the *Event* section, the first seven fields under *Personal details*, other *relevant sections* and sign under *Certification.*
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**UCT Employee privacy statement**

*When you work at UCT, we collect and use your information to manage our relationship in terms of your employment contract, to run the business of the University, and to comply with legal obligations. We may share your information with service providers we trust. Our service providers help us to communicate with you, ensure your health and safety on campus and manage operations. For more information about how the University of Cape Town uses personal information, visit our* [*Privacy Notice*](https://www.uct.ac.za/sites/default/files/image_tool/images/328/privacy/UCT_employee_PN_final_04Jan2022.pdf)*.*

**Event**

|  |  |  |
| --- | --- | --- |
|  | New personal details | If change of personal details, effective from? (DD MM YYYY) |
|  | Change of personal details  |  |  |  |  |

**Personal details**

|  |  |
| --- | --- |
| Department | Staff number (if previously employed at UCT) |
|  |  |
| Title | Last name (Surname) | Previous last name / surname (if applicable) |
|  |  |  |
| First name/s | Nickname / Known as (used to create email address for T1, T2 and permanent staff) |
|  |  |
| **Note** | **Nickname/Known as**: This field should be completed when a staff member commonly uses a name other than his/her given first name - for example, abbreviations like Lungi instead of Lungile or Chris instead of Christopher. This preferred name will be used in the creation of a UCT email address – chris.thompson@uct.ac.za - and may be used for other purposes in future. |
| Identity or passport number (attach photocopy) | Birth date (DD MM YYYY) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If passport, country of issue (attach photocopy of relevant work, study, refugee or permanent residence permit/s) |
|  |
| Country of birth | Nationality |
|  |  |

**Family details** (If more than six children, please attach their details in the format given below on a separate sheet of paper)

|  |  |
| --- | --- |
| Marital status | Date of marriage / change of marital status (DD MM YYYY) |
|  |  |  |  |  |
| Family member | Last Name (Surname) | First Name/s | Date of Birth (DDMMYYYY) | Gender (M / F) |
| Spouse / Partner |  |  |  |  |  |  |
| Child 1 |  |  |  |  |  |  |
| Child 2 |  |  |  |  |  |  |
| Child 3 |  |  |  |  |  |  |
| Child 4 |  |  |  |  |  |  |
| Child 5 |  |  |  |  |  |  |
| Child 6 |  |  |  |  |  |  |

**Additional personal details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Home Language |  | Afrikaans |  | English |  | Ndebele |  | Northern Sotho |  | Southern Sotho |  | Swati |
|  | Tsonga |  | Tswana |  | Venda |  | Xhosa |  | Zulu  |  |
| UCT Student number (if applicable) |  |

**Employment equity details** (Request for race, gender & disability categories used for statutory and UCT internal reporting purposes)

|  |  |
| --- | --- |
| Last name (Surname) | First name |
|  |  |
| Gender |
|  | Female |  | Male |  | Other (please specify) |  |
| Only for South African citizens: Race / ethnic origin |
|  | African |  | Coloured |  | Indian |  | White |  | Other |  | Not declared |
| If a South African citizen but NOT by birth, date of naturalisation |  |
| **Note** | **Disability declaration**: *Employment Equity legislation defines people with disabilities as people who have a long-term**or recurring physical, mental, intellectual or sensory impairment which, in the interaction with various barriers, may substantially limit their prospects of entry into, or advancement in, employment and ‘persons with disabilities’ has a corresponding meaning”.* E.g. a person who has cerebral palsy or epilepsy, who is applying for a position as an accountant may qualify as a person with a disability, while a person who has a broken ankle who uses crutches temporarily and is applying for a position as an accountant may not qualify as disabled. Or a person with an office job who has an arthritic knee means that the person may not be able to walk the distances they used to, this may be inconvenient, but it does not qualify as a disability. Likewise, wearing spectacles or contact lenses does not render you visually impaired. A person is visually impaired if, despite correction by means of glasses, contact lenses etc., his/her ability to perform tasks or participate in activities is significantly compromised by insufficient visual acuity). Should you have any queries or concerns regarding your disability declaration, please contact the [Disability Service](http://www.staff.uct.ac.za/staff/support/disability-service/) (Edwina Ghall at edwina.ghall@uct.ac.za, 021 650 5089, Steve Biko Students’ Union Level 6 or the HR Business Partner for your area. |
| **Note** | By completing this section, you grant permission for the information to be shared with the relevant UCT support services departments to further assess and verify the requested reasonable accommodation. |
| Do you have an impairment as defined above? |  | Yes |  | No |
| If yes, what is the duration of the impairment?  |
|  | Temporary (shorter than 12 months) |  | Long-term (12 months or longer) |  | Recurring (happens on a frequent basis) |
| If yes, do you anticipate that you would require reasonable accommodation? |  | Yes |  | No |
| If yes, please contact the Disability Services and indicate the type of impairment as listed below |
|  | Visually impaired |  | Hearing impaired |  | Learning disability |
|  | Speech impaired |  | Physically impaired |  | Other |

**Address details**

|  |
| --- |
| **Permanent residential address** |
| Unit / flat / complex number | Complex / flat name |
|  |  |
| House number | Street name |
|  |  |
| Suburb | City | Postal code |
|  |  |  |
| Home telephone number |  |
|  |

**Emergency contact details**

|  |  |  |
| --- | --- | --- |
| Title | First name/s | Last name (Surname) |
|  |  |  |
| Unit / flat / complex number | Complex / flat name |
|  |  |
| House number | Street name |
|  |  |
| Suburb | City | Postal code |
|  |  |  |
| Phone number | Relationship |  |
|  |  |

**Personal contact details**

|  |  |
| --- | --- |
| Own cell phone number | Own private email address (Not a UCT email address, for IRP5 purposes) |
|  |  |

**Pay information** (If you are a WCG/NHLS joint staff member, please do not complete this section)

|  |  |
| --- | --- |
| Last name (Surname) | First name |
|  |  |
| Branch code | Branch name | Bank name |
|  |  |  |  |  |  |  |  |
| Account number (Attach acceptable proof, see Notes below for details) | Account type (credit cards may NOT be used) |
|  |  | Current |  | Savings |  | Transmission |
| Name of bank account holder | Account holder relationship |
|  |  | Own |  | Joint |  | 3rd party |
| Tax reference number (starts with 0, 1, 2 or 3) |  |
|  |  |  |  |  |  |  |  |  |  |
| **Notes** | **Bank account**: Please attach your bank statement (stamped by the bank) or a letter from the bank verifying your account details. For third party bank accounts, in addition to the bank statement or account details letter as explained above, please attach a letter from the account holder verifying the staff member is authorised to use the bank account.**Tax reference number**: **If you do not declare your tax reference number you will not be paid.** If you have worked before, please contact SARS (0800 00 72 77) for your tax reference number. If you don’t have a tax reference number, please complete this form in full with your permanent residential address. If you are in a UCT residence, please supply your home address. On receipt of this form UCT will make application for a tax number on your behalf. |

**UCT sole employer declaration**

|  |  |
| --- | --- |
| Do you work for less than 22 hours per week? | If yes, is UCT your sole employer or only source of income? |
|  | Yes |  | No (skip to Qualifications) |  | Yes |  | No (skip to Qualifications) |
| Please sign declaration below **only if UCT is your sole employer and you work less than 22 hours per week**. |
| I declare that UCT is, and will be, my ONLY employer for the period from |  | to |  |
| If, for any reason, UCT should cease to be my sole employer, I confirm that I will advise the University in writing of my change in circumstances. | Employee’s signature | Date |
|  |  |
| **Note** | **Tax:** If less than 22 hrs per week and UCT is sole employer, taxed according to [tax table](http://www.hr.uct.ac.za/hr/benefits/remuneration/tax_table). If less than 22 hrs per week and UCT not sole employer, taxed at 25%. |

**Qualifications** (If you have a tertiary qualification, select highest qualification obtained)

|  |
| --- |
| From a university |
|  | UG Diploma/Cert. |  | Gen 1st Bach. Degree |  | Prof 1st Bach. Degree |  | PG Diploma/Cert. |
|  | PG Bach. Degree |  | Honours Degree |  | Masters Degree |  | Doctoral Degree |
| From a technikon |
|  | National Certificate |  | Nat. Higher Certificate |  | National Diploma |  | BTech degree |
|  | Post-dip. Diploma |  | National Higher Dip. |  | Masters Dip in Tech |  | MTech degree |
|  | Laureatus in Tech |  | DTech degree |  |

**Certification**

|  |  |  |
| --- | --- | --- |
| I certify that all information on this form is true and correct. | Employee’s signature | Date |
|  |  |

**Attachments**

|  |
| --- |
| * Photocopy of identity or passport document.
* If no South African identity document, photocopy of work, study, refugee or permanent residence permit.
* Acceptable proof of bank account details (bank statement stamped by bank or account verification letter from bank, if third party account then also letter of authorisation from account holder).
 |

**Submitting the form**

|  |  |  |
| --- | --- | --- |
| **If…** | **then submit the form to…** | **to reach HR Administration…** |
| an appointment | your Departmental Administrator or the HR Appointments Office (depending on the route for a particular appointment) | with the associated [Appointment form](http://forms.uct.ac.za/forms.htm#HumanResources) (HR100a/b/c/d). |
| a change in personal details | your HR Administrator, either in Bremner or, in the case of Health Sciences and Humanities, the relevant Faculty Office. | by the 3rd day of the month in which the change is to be made. |

**Office use**

|  |  |
| --- | --- |
| HR Administrator | Date |
|  |  |