



COLEG POWYS

PERSONNEL
Ref: ChgName
Date June 06
Edition: 1

STAFF - CHANGE OF NAME/ADDRESS

NAME: _____ **SITE:** _____

SECTION: _____ **JOB TITLE:** _____

Current/Previous Name/Address: **New Name/Address:**

_____	_____
_____	_____
_____	_____
_____	_____

New Telephone Number: _____ **(if Applicable)**

Next of Kin Details:

Contact Telephone Number: _____

Effective Date of Change of Name: _____

Signature: _____ **Date:** _____

Please forward the completed form to the Personnel Office at the Newtown site