

NHS Lothian & Associated Staff LOTTERY APPLICATION FORM



Part A: To be completed by all applicants

Full Name: _____ Job Title: _____

Department: _____ Hospital / Base: _____

I am paid: Weekly Monthly (please tick appropriate box)

Part B: I am not a member of the lottery but want to join

Number of chances required

Enter details from top left of Payslip:

Staff Pay Number	Pay Div	Pay Grp	Pay Pt					No. of chances x £1.50 (monthly) No. of chances x 35p (weekly)				Leave Blank							
				2	1	7	5	0	0	£	£	p	p	0	1	m	m	y	y

Part C: I am already a member of the lottery but want extra chances

Number of chances already held + number of extra chances

= new total

Staff Pay Number	Pay Div	Pay Grp	Pay Pt					No. of chances x £1.50 (monthly) No. of chances x 35p (weekly)				Leave Blank							
				2	1	7	5	0	0	£	£	p	p	0	1	m	m	y	y

Part D: To be completed by all applicants

I authorise the deduction of lottery subscriptions from my salary/wages with effect from the first day of the month following receipt of this form in the Lottery Office until cancelled by me in writing or until the termination of my membership of the Health for Lothian Appeal Society.

Signature

Date

Return completed form to:
Staff Benefits, Western General Hospital, Crewe Road South, Edinburgh EH4 2XU