## Staff Lottery Additional Entry Application

This form is intended for those already in the staff lottery draws but would like to

add extra entries.

					CJ
ull Name :					
Department :					
ob title :					
Email address :					
Work address :					
Contact number (work)	:		Contact number (perso	nal) :	
Trust employed by - blease circle one	ELHT	ELFS	Mersey Care	LCT	Future Directions
Assignment number (ES	iR):				
lational insurance num	ber:				
· · · · · · · · · · · · · · · · · · ·			for the staff lotter ut would like to inc	-	-
Signed			Dated		

Your additional entries request must be completed and returned by scanning and emailing to stafflottery@elht.nhs.uk or completing and posting to the address below.









## OFFICE USE ONLY

APPLICATION
Date application received:
Date processed:
Month of commencement:
Date input on lotto man:
Date email sent to confirm
entry and numbers:
Numbers allocated:

CANCELLATION	
Date cancellation received:	
Date processed:	
Month deductions stop:	
Date made inactive on lotto man:	
Date email sent to	
confirm cancellation:	
Notes:	

