



Highbridge Resourcing

Highbridge Resourcing Application Form

By returning and signing this application form you consent to Highbridge Resourcing Ltd using and keeping information about you or third parties, such as referee, relating to your application or future employment under the General Data Protection Regulations (GDPR).

PERSONAL DETAILS

Preferred title: Choose an item. If other please specify:

Surname: _____ First Name (s) _____

Address _____

Address _____

Post Code: _____

Home Tel Number: _____ Mobile Number: _____

Email Address: _____ NI Number: _____

Education and Qualifications

Name of Qualification	Name of school / college / university / training provider	Date Completed	Level / Grade



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Employment References

Please provide a minimum of 2 references covering the last 5 years' work history, one of whom must be your current or most recent employer. By providing this information you are giving Highbridge Resourcing Ltd consent to contact your previous reference contacts.

Reference 1

Name and position:	Organisation:
Date from:	Date to:
Telephone:	Email:

Reference 2

Name and position:	Organisation:
Date from:	Date to:
Telephone:	Email:

Reference 3

Name and position:	Organisation:
Date from:	Date to:
Telephone:	Email:

Reference 4

Name and position:	Organisation:
Date from:	Date to:
Telephone:	Email:

Reference 5

Name and position:	Organisation:
Date from:	Date to:
Telephone:	Email:



Additional details about you

Desired Roles:	Desired Locations:
Desired pay rate:	Hours : Full Time / Part Time / Either
Car driver: Yes / No	Licence: Clean / Endorsed
Current DBS : Yes / No	Date of issue: DBS Number:
NMC PIN Registration:	Date of issue / expiry:
Do you use and umbrella company? Yes /no	Name of umbrella provider:

Availability for ad hoc shift work (tick when available)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							
Night							

Emergency Contact

Name:	
Relationship to you:	
Mobile:	

Source

Please tell us how you heard about Highbridge Resourcing:



<p>Have you ever been the subject of a professional misconduct proceeding/disciplinary/suspension/dismissal or are such pending or threatened against you?</p>	<p>Yes / No</p>
<p>If yes, please give details.</p>	

Do you have the right to work in the UK? Yes / No

In line with the UK guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK.

Candidate Declaration

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers. If, during the course of a temporary assignment, the client wishes to contact me direct, I acknowledge that Highbridge Resourcing Ltd will be entitled to charge the client an introductory fee or agree to an extension of the hiring period with the clients (after which I may be employed by the client without further charge being applicable to the client)

Name:

Signature:

Date of signature:



Highbridge Resourcing



Highbridge Resourcing

Declaration of Criminal Convictions

Due to the nature of the work for which you are applying the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 do not apply by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986. Applicants are therefore NOT entitled to withhold information about convictions which for the purposes are “spent” under the provisions of the Act, and in the event of employment, any failure to disclose such convictions may result in your removal from our register/assignment. The information given will remain confidential and only taken into account where, in the reasonable opinion of Highbridge Resourcing Ltd the offence is relevant to the post for which you are applying.

The information that you provide in this Declaration will be processed in accordance with the Data Protection Act 1998 and will only be used for the purpose of determining your suitability for a particular vacancy.

Have you ever been convicted of a Criminal Offence or been the subject of a Conditional Discharge or Probation Order in the United Kingdom or in any other country?	Yes / no
If Yes, please give details	

Do you have any criminal proceedings pending?	Yes / No
If yes, please give details	

Signed:	
Print Name:	
Date of Signature:	



Highbridge Resourcing



Highbridge Resourcing

Disclosure of Information and Confidentiality Agreement

Information that you may be party to, especially in relation to individuals, may be subject to the provision of the Data Protection Act or the legislation governed by this act. You must never disclose any information that could cause either you or the organisation you are in assignment with to be in breach of the law.

Some information that you will have access to will be confidential, for example, individual case files, employee records or tendering documents. You must not share the contents of such documents with any person outside of the organisation you are in assignment with.

You must not use any information that you have access to for either personal gain or benefit, or pass this information to anyone outside of the organisation you are in assignment with.

You will be expected to abide by the client’s security procedures in relation to computers and the information held on these.

I have read and understood the requirements of this agreement and agree to abide by them. I understand that any breach of this undertaking may result in legal action being taken against me by the client that I am in assignment with

Print Name:

Sign:

Date of Signature:

DBS Consent Form for Release of Information

Please complete to confirm that you agree to Highbridge Resourcing Ltd releasing information contained within your DBS Disclosure to relevant third party organisations;

- DBS update service
- I hereby give consent to Highbridge Resourcing Ltd to provide information contained within my disclosure that may be necessary to assist with an assessment of my suitability for any vacancy.
- I will also provide Highbridge Resourcing Ltd with a copy of my DBS Disclosure certificate upon receipt, as I understand they are contractually obliged to provide a copy to relevant third party organisation.
- I will inform Highbridge Resourcing Ltd whenever anything changes in respect of the check, including if I am interviewed for, cautioned for or convicted of any offence

Print name:

Signed:

Date of Signature:





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GDPR Consent Form

I am aware that personal data relating to myself (including, where relevant, sensitive personal data*), whether obtained from myself or from any other source, will be retained by Highbridge Resourcing Ltd for the purposes of providing me with temporary work and/or employment opportunities and/or training.

I acknowledge that this may require my personal data to be forwarded to other persons and lawful organisations for the purpose of conducting checks and references, to find me work and for other lawful purposes related to Highbridge Resourcing Ltd's recruitment services. Highbridge Resourcing Ltd will request references from my work, education and/or personal referees and in certain circumstances, with my consent, will obtain a credit reference from a credit reference agency and/or a Disclosure from the DBS. Highbridge Resourcing Ltd will not request a reference from my current employer without my consent.

I acknowledge that without my consent to process my personal data in this manner, Highbridge Resourcing Ltd is unable to assist me in my search for work.

I understand and agree that Highbridge Resourcing Ltd may pass information contained within and resulting from my application (including references, credit checks and Criminal Record Disclosures received and all forms completed by me) to the client and/or the end hirer.

This information may be used by the client and/or end hirer for the purposes of processing my application, ongoing personnel administration (where applicable), compliance and safeguarding audits undertaken by the client and/or end hirer, and other lawful purposes related to my temporary assignment at, or employment with, the end hirer. I hereby consent to Highbridge Resourcing Ltd passing such information to its clients and/or end hirers for the lawful purpose of seeking either temporary or permanent work, and when in assignment, complying with the requirements of the client and/or end hirer.

I hereby confirm that my personal data may be held and disclosed by Highbridge Resourcing Ltd and its clients and /or end hirers for the aforementioned purposes and in the manner set out above.

Print Name:

Signed:

Date of Signature:



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Getting paid - Umbrella Company / private Limited Company

Highbridge resourcing does not operate a PAYE payroll scheme for agency workers.

In order to work through Highbridge Resourcing you are required to provide us with details of either your designated Umbrella Company, or your private Limited Company.

Umbrella –

- If you do not currently operate under an umbrella scheme, Highbridge Resourcing can present you with numerous umbrella providers for you to choose from. The umbrella company will contact you and set everything up in under 5 minutes.

Limited Company-

If you have your own limited company, we need the following from you-

- Limited company name
- Co. Registration Number
- Co. VAT Number
- Co. Registered Address
- Bank name and address
- Bank Sort Code
- Bank Account number
- Bank Account name



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Health Declaration

Do you have or have you ever had any illness/impairment or a disability (physical or psychological) which may affect you at work? e.g. diabetes, mental health issues, epilepsy, etc
Yes/No, If Yes please provide further information

Do take medication which may affect you at work?
Yes/No, If Yes please provide further information

Have you ever had an illness/impairment/disability which may have been caused/ made worse by work?
Yes/No, If Yes please provide further information

Are you waiting to undergo any medical treatment or investigations?
Yes/No, If Yes please provide further information

Have you ever needed any adjustments/ assistance to help you carry out your job? e.g. to the work environment, your hours or role
Yes/No, If Yes please provide further information

Any further information we may need to know (allergies, medical condition etc.)

I declare that the information given herein is true and correct and that I will inform Highbridge Resourcing Ltd immediately if there are changes to this information. I am not aware of any condition, medical or otherwise, which effect or limit my employment or performance.

I agree that if I have given false information or omit to give relevant information now or in the future; this may result in termination of assignment without notice, as well as a claim for recovery of any payments I have received.

Signed



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Equal Opportunities Form

Highbridge Resourcing Ltd is committed to a policy of equality in its employment practices. The following information will only be used for monitoring purposes and will be treated as confidential. Any information provided will be used to ensure Highbridge Resourcing's equality policy is effective.

Sex			
Male	Female	Transgender	Prefer not to say

Sexual orientation				
Heterosexual	Gay Man/Homosexual	Gay Women/Lesbian	Bisexual	prefer not to say

Age	16- 18	19- 25	26- 35	36- 45
	46-55	56-65	66+	prefer not to say

Marriage / Civil Partnership			
Married	civil partnership	Prefer not to say	

Religion			
Christianity	Buddhism	Islam	Judaism
Hinduism	Sikhism	Jainism	Bahai'ism
Prefer not to say			
Other, please state:			

Disability – Equality Act 2010

The definition of disability under the Equality Act 2010 is anyone who has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.

The information assists the Company in making sure reasonable adjustments as are necessary for anyone who has a disability and enables the Company to respond positively to this responsibility.

Do you consider yourself to be covered by the act? Yes No

