**Candidate Registration Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** |  | **Forename Name:** |  | | | | **Surname:** |  |
| **Tel Number** |  | **Email:** | |  | | | | | |
| **Home Address** |  | | | | | | **Post Code:** |  |
| **Work Sought:** |  | | | | | | **UTR Number:** |  |
| **UK Driving License:** | **Y / N** | **SIA Number:** | | |  | | | | | |
| **Do you have any driving Endorsements:** | |  | | | | | **NI Number:** |  |
| **Are you eligible to work in the UK:** | | **Y / N** |  | | | | **Permit Expiry Date:** |  |
| **Do you have a Passport?** | | **Y / N** | **Expiry date:** | | |  | **Bank name:**  **Sort code:** |  |
| **Emergency Contact Name:** | |  | | | | | **Account number:** |  |
| **Address:** | |  | | | | | | |
| **Contact Name(s):** | |  | | | | | | |
| **Previous work reference details 1:** | |  | | | | | | |
| **Previous work reference details 2:** | |  | | | | | | |
| **Trade Qualifications & key skills :** | |  | | | | | | |
| **Do you have any unspent criminal convictions?** | | **Y / N** | **Details/dates if yes:** | | | | | |

*NB Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment sought in relation to positions involving working with children or vulnerable adults, details of all criminal convictions must be given the information given will be treated in the strictest of confidence. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.*

*I* hereby confirm that the information given is true and correct; I consent to my personal data being included on a computerised database and its use in order to secure me employment/temporary assignments/contracts. I consent to my CV being forwarded to clients via electronic mail and I understand the risk of my CV being unintentionally alerted during the process. I consent to references being passed onto potential employers. *If* during the course of a temporary assignment the client wishes to employ me direct, I acknowledge that H&D will be entitled either to charge the client an introduction transfer fee, or to agree an extension of the hiring period with the client (after which I may be employed by the client without further charge being applicable to the client).Furthermore, I authorize H&D Recruitment Ltd to pay all sums due to me in respect of services I supply to the nominated limited company details above. I understand that all the payments received from H&D Recruitment are not tax deducted. Therefore, I will declare all the payments to HMRC myself.

Signed ………………………………………………………………………………………………………… Date …………………………………………………………

**MEDICAL SELF CERTIFICATION & HEALTH DECLARATION**

To comply with the Health and Safety at Work Act 1974, H&D Recruitment Limited are obliged to ensure that the health and safety of our temporary workers remains our highest priority. If you are on working machines, or doing a task that could harm others if you are not medically fit, you could be held personally liable for not declaring this to the site where you are working and also to H&D Recruitment Ltd, your employing organization. Alertness and reasonable physical fitness are essential for duties which may interact with moving trains. It is, therefore, important to be accurate with your answers to this questionnaire, although trivial matters should be ignored (e.g. transient dizziness while gardening two years ago). **When you declare NO, you are accepting a degree of responsibility for your safety, and those of others who may come to harm in your work place.**

|  |  |  |
| --- | --- | --- |
|  | **Y** | **N** |
| Do you have Diabetes needing Insulin? |  |  |
| Do you suffer from Epilepsy or fits? |  |  |
| Have you ever had blackouts, recurrent dizziness or any condition, which may cause sudden collapse or  incapacity? |  |  |
| Do you get discomfort or pain in the chest or shortness of breath on exercise, e.g. climbing a single flight of  stairs? |  |  |
| Do you have difficulty in moving rapidly over short distances, including on slopes, steps or rough ground? |  |  |
| Would you have difficulty in looking over either shoulder? |  |  |
| Would you have difficulty working in out-door open areas? |  |  |
| Would you have difficulty working in enclosed spaces? |  |  |
| Would you have difficulty working above head height (e.g. using ladders or maintenance platforms)? |  |  |
| Do you have any difficulty with your eyesight (other than the wearing of glasses or contact lenses where  required)? E.g. Colour blind. |  |  |
| Are you capable of repetitive lifting as required for the employment? |  |  |
| Have you ever had a serious accident or operation? |  |  |
| Do you have / ever suffered from Back/Neck problems? |  |  |
| Would being on your feet all day cause you a problem? |  |  |
| Have you had a hernia? |  |  |
| Do you have High/low blood pressure? |  |  |
| Have you have / ever had heart problems? |  |  |
| Do you have any difficulty with your hearing? |  |  |
| Are you taking any medication that is giving you dizziness or drowsiness? |  |  |
| Have you used, or abused, drugs within the last 12 months? |  |  |
| Have you had any alcohol-related illness during the last 12 months? |  |  |

**I will inform H&D Recruitment limited of any change to my health which may affect my ability to perform my duties:**

SIGNED: NAME: DATE: