**CREATIVE WORKER CoS REQUEST FORM**

*(For Creative Worker Route – Temporary Work)*
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**SECTION A: PERSONAL INFORMATION *(As shown on passport)***

1. **Family Name (Surname):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Given Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Other Names (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Gender:** ☐ Male ☐ Female ☐ Other
5. **Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Date of Birth (DD/MM/YYYY):** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_
7. **Place of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **Country of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. **Country of Residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: PASSPORT/TRAVEL DOCUMENT DETAILS**

1. **Passport Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Issue Date (DD/MM/YYYY):** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_
3. **Expiry Date (DD/MM/YYYY):** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_
4. **Place of Issue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C: CONTACT DETAILS**

1. **Current Home Address:**
 Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Postcode (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION D: IDENTIFICATION NUMBERS**

1. **UK ID Card Number (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **UK National Insurance Number (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **National ID Card Number (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Employee Number (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION E: EMPLOYMENT & PROJECT DETAILS**

1. **Job Title (in the UK):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Job Type (e.g. 3416 - Arts officers, producers and directors):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Summary of Job Role in the UK:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Start Date of Work (DD/MM/YYYY):** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_
5. **End Date of Work (DD/MM/YYYY):** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_
6. **Total Weekly Hours of Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Will you need to leave and re-enter the UK during your assignment?** ☐ Yes ☐ No
8. **Gross Salary (GBP):** £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 ☐ Per Contract ☐ Per Week ☐ Per Month

**SECTION F: WORK LOCATIONS IN THE UK**

1. **Main Work Address:**
 TAAC Community House
 South Street
 Bromley
 BR1 1RH
2. **Other Regular UK Work Addresses (if any):**
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION G: COMPLIANCE AND MAINTENANCE**

1. **Explain how you meet the Creative Worker criteria (max 250 characters):**
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Do you certify maintenance for yourself and any dependants without accessing public funds?**
 ☐ Yes ☐ No

**SECTION H: DECLARATION**

I confirm that all the information provided in this form is complete and accurate to the best of my knowledge. I understand that providing false information may lead to the withdrawal of my sponsorship.

**Full Name (as Signature):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date (DD/MM/YYYY):** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_