

## Candidate Registration Form

Title:		Forename Name:		Surname:	
Home Tel:		Mobile Tel:		Email:	
Twitter Name:		Facebook:	Y / N	Linkedin:	Y / N
Home Address				Post Code:	
Work Sought:				UTR Number:	
UK Driving License:	Y / N	License No:		CIS 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:	Number:	
Please provide details of your Ltd company name or designated Payroll company name:					
Emergency Contact Name:				Telephone:	
Address:					
What other agencies do you work though?					
Contact Name(s):					
Previous work reference details 1:					
Previous work reference details 2:					
Trade Qualifications & key skills :					
How did you hear about Involve? (circle)					
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 Involve 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 authorise Involve Recruitment Ltd to pay all sums due to me in respect of services I supply to the nominated limited company details above.

Signed ..... Date .....

## Current Health Declaration Form for Temporary Workers

To comply with the Health and Safety at Work Act 1974, Involve 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 Involve Recruitment Ltd, your employing organisation.

### MEDICAL SELF CERTIFICATION & HEALTH DECLARATION

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.**

**Please study this list and sign the declaration at the bottom:**

	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?		

If answered 'YES' to any of the above please give details below, also details of any medication:		

**ABOUT YOU**

My height in metres and/or feet and inches	
My current weight in kilos or stones and pounds	
Number of cigarettes/cigars that I smoke per day	
Number of units of alcohol consumed in a week (1 pint lager is 2 units on average)	

Do you have any commitments which might limit your working hours (i.e. Military reserve, local government etc)?  
**YES NO**

If answered YES, please give details:

**I will inform Involve Recruitment limited of any change to my health which may affect my ability to perform my duties.**

SIGNED: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_