



Registration Form

Title (Mr/Mrs/Miss/Ms):.....

Forename:..... Surname:.....

Maiden / Previous name(s):..... Known as:.....

Address:.....

.....Post Code:.....

Tel No. Home.....Work..... Mobile.....

Nationality:..... Do you hold a British / EU Passport? [] Yes [] No

National Insurance Number.....

Do you have a Driving Licence? [] YES [] NO

Do you have the right to work in the UK? [] YES [] NO

Work Permit required? [] YES [] NO

Overseas student? [] YES [] NO

Identification Provided:

[] Passport [] P45 [] P60 [] NI Card [] Birth Certificate [] Driving Licence []

REFERENCES

Please supply 2 work references, one being your current or last employer. Do not include relatives.

From	To	Name & Address of Referee	Office Use Only
		Phone No: Fax No:	Date sent: Date received: Comments:
		Phone No: Fax No:	Date sent: Date received: Comments:

PLEASE ENSURE THAT YOU HAVE SUBMITTED THE FOLLOWING DOCUMENTATION

- [] Proof of National Insurance Number (i.e. NI Card or any official document with the NI number on it).
- [] Proof of Identity (i.e. Passport or Photo card Driving Licence)
- [] Proof of Address (i.e. Driving Licence and at least two Utility bills)

IF YOU ARE A NON-EU NATIONAL Please supply ONE of the following documents

- A passport showing that the holder is a British citizen, or has a right of abode in the UK.
- A document showing that the holder is a national of a European Economic Area country or Switzerland. This **must** be a national passport or national identity card.
- A residence permit issued by the Home Office to a national from a European Economic Area country or Switzerland.
- A passport or other document issued by the Home Office which has an endorsement stating that the holder has a current right of residence in the UK as the family member of a national from a European Economic Area country or Switzerland.
- A passport or other travel document endorsed to show that the holder can stay indefinitely in the UK, **or** has no time limit on their stay.
- A passport or other travel document endorsed to show that the holder can stay in the UK; **and** that this endorsement allows the holder to do the type of work you are offering if they do not have a work permit.
- An application Registration Card issued by the Home Office to an asylum seeker stating that the holder is permitted to take employment.

OR

Document **A** *and* **one** other document from **B - H** from the **First Combination**

OR

Document **A** *and* either document **B** or **C** from the **Second Combination**

First combination

- A** A document giving the person's permanent National Insurance number and Name. This could be a: P45, P60, or a letter from a Government agency.
- B** A **full** Birth Certificate issued in the UK, which includes the names of the holder's parents; OR
- C** A Birth Certificate issued in the Channel Islands, the Isle of Man or Ireland; OR
- D** A Certificate of Naturalisation stating that the holder is a British citizen; OR
- E** A letter issued by the Home Office to the holder which indicates that the person named in it can stay indefinitely in the UK, or has no time limit on their stay; OR
- F** An Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the person named in it can stay indefinitely in the UK, or has no time limit on their stay: OR
- G** A letter issued by the Home Office to the holder which indicates that the person named in it can stay in the UK, **and** this allows them to do the type of work you are offering: OR
- H** An Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the person named in it can stay in the UK, **and** this allows them to do the type of work you are offering.

Second combination

- A** A work permit or other approval to take employment that has been issued by Work Permits UK.
- B** A Passport or other travel document endorsed to show that the holder is able to stay in the UK and can take the work permit employment in question; OR
- C** A letter issued by the Home Office to the holder confirming that the person named in it is able to stay in the UK and can take the work permit employment in question.

HEALTH DECLARATION

Please Tick Yes or No if you suffer from or have ever suffered from:

	Y	N		Y	N		Y	N
Fainting			Fits / Blackouts			Giddiness		
Mental Illness			Recurring Headaches			Ear trouble or Deafness		
Eyesight			Recurring Chest Disease			Asthma		
Hay Fever			Typhoid Fever			Heart trouble		
Blood Pressure			Varicose Vein trouble			Repetitive Strain Injury		
Back trouble			Muscle or Joint trouble			Skin trouble		
Diabetes			Stomach trouble			Bowel trouble		
Paratyphoid Fever			Epilepsy			Other		

Please Tick Yes or No if you have any disabilities affecting:

	Y	N		Y	N		Y	N
Standing			Walking			Stair climbing		
Lifting			Use of Hands			Working at Heights		
Working on Ladders			Driving			Other		

How many number of days' absence from work have you had in the last two years other than annual leave:.....
Please include reasons for absence.....

Have you recovered from your illness or injury? [] YES [] NO [] N/A

If NO a Doctors Certificate is required stating that you are fit to work.

Are you at present having any treatment or medicine prescribed by a Doctor? [] YES [] NO

Please Tick Yes or No if at present you are suffering from:

	Y	N		Y	N		Y	N
A nasal infection			A cough with phlegm			A sore throat		
A discharging ear			Acne, styes			Burns		
Septic fingers			Diarrhoea			Abdominal pain		
Skin trouble on Hands			Skin trouble on Arms			Skin trouble on Face		

If you have ticked Yes to any of the above, a Doctors Certificate is required stating that you are fit to work in a food handling environment.

Have you to your knowledge any physical, mental, or other condition that we should take into consideration when offering work? []YES []NO. If YES please give further details.

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I declare that all the foregoing statements are true and complete to the best of my knowledge. If any situation changes whilst I am engaged in an assignment by *Hi-flyers*, I will *immediately* notify *Hi-flyers* and if appropriate the *Client company* where I am working.

I further understand that ESB will not discriminate in advertising, selecting, offering training or providing benefits and services. Every vacancy will be open to those who have relevant experience or qualifications specified to perform the required duties.

Print Name:.....

Signed by the Temporary Worker:.....

Date:.....

DATA PROTECTION DECLARATION

I declare that the information given within this application is, to the best of my knowledge, true. I have read and understood the terms of engagement for temporary workers and that my registration is subject to satisfactory references or any other checks necessary to support my application. I acknowledge that this information may form the basis of a computerised personnel system to which I will have access as determined by the Data Protection Act 1984.

I hereby authorise ESB and present employers to give any information that may be sought concerning this application regarding my work, character or skills for the purpose of referencing. I understand and agree to the passing on of these references, once I have accepted employment, to a future employer.

I further agree to treat as confidential, any information I receive concerning the business of ESB or its clients and not to disclose such information in any other way than as directed by ESB in connection with the business of ESB. in accordance with company policy.

Print Name:.....

Signed by the Temporary Worker:.....

Date:.....

EQUAL OPPORTUNITIES DECLARATION

I understand ESB operate an equal opportunities policy, which means it will not discriminate, directly or indirectly, against people on the grounds of their gender, marital status, race, colour, religion and ethnic origin. I further understand that ESB. will not discriminate in advertising, selecting, offering training or providing benefits and services. Every vacancy will be open to those who have relevant experience or qualifications specified to perform the required duties.

I confirm the information given within this application is true and correct and that there is nothing further, about which I am aware, that should be taken into account when offering me work. I understand that should any information [prove to be inaccurate, my assignment will be terminated.

I hereby authorise *ESB* to seek references and I understand the information may be used to assist with my application for work. I agree the information may be used for registration purposes under the Data Protection Act.

I confirm the terms of the Declaration and agree to be bound by them.

Print Name:.....

Signed by the Temporary Worker:.....

Date:.....



DIVERSITY MONITORING FORM

This information will be treated in the strictest confidence under the Data Protection Act 1998 and will be used only for statistical monitoring.

1. Gender

I would identify myself as: Male Female

2. Do you consider yourself to have a disability*and/or have additional needs?

**Disability, as defined by the Disability Discrimination Act, covers many people who may not usually have considered themselves disabled. It covers physical or mental impairments with long term substantial effects on ability to perform day-to-day activities.*

Yes No

If yes, please tick which boxes apply:

- | | |
|--|---|
| <input type="checkbox"/> Deaf or hearing impaired | <input type="checkbox"/> Blind or visually impaired |
| <input type="checkbox"/> Musco-skeletal (co-ordination/dexterity/mobility) | <input type="checkbox"/> Mental health (including serious depression) |
| <input type="checkbox"/> Learning disabilities (includes dyslexia) | |
| <input type="checkbox"/> Other, e.g. physical or mental conditions such as diabetes, epilepsy, arthritis, asthma, speech impairments, facial disfigurements etc. (please specify): | |

.....
.....

If you have any additional needs, please describe them and we will make the necessary arrangements:

.....
.....

3. Ethnicity

- | | |
|---|--|
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Mixed – White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British – Pakistani | <input type="checkbox"/> Mixed – White and Black African |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Mixed – White and Asian |
| <input type="checkbox"/> Asian or Asian British – Other | <input type="checkbox"/> Mixed – Other |
| <input type="checkbox"/> Black or Black British – Caribbean | <input type="checkbox"/> White – British |
| <input type="checkbox"/> Black or Black British – African | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Black or Black British – Other | <input type="checkbox"/> White – Other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other (please specify) |