



CANDIDATE REGISTRATION FORM

To fill this form out on-line please tab to each box and complete, Or print and complete:

Personal Information

Title		Name:		D.O.B:	
Address:				Contact:	
				Home Phone:	
				Mobile Phone:	
Postcode:				Email:	
NI No.				Have you got any criminal convictions? (If so please list)	

Job Title / Position Applied For:	
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Skills Summary: (provide CV if available)	
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Proof of eligibility to work in the UK:

In line with Home Office 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 if you are to be engaged by ITS for temporary work.

Do you have immigration permission to work in the UK?	
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Please provide one of the following in either List A or B:

List A Permanent ID (No updates required)	List B Non-Permanent ID (Updated copies required prior to expiry)
UK Passport OR UK Birth Certificate	Bio-metric Residence Permit - in-date
	Residence Permit inside a valid in-date passport
European (EEA) Identity Card/Passport (not including Croatians) OR Certificate of Naturalisation	Visa sticker inside a valid in-date passport
	Work permit in-date
	Date of expiry

Qualifications / Tickets:

Please provide any relevant qualifications / tickets held: (please provide copies)

PPE	Y/N	Tools	Y/N	Certification	Y/N	Number:	Certification	Y/N	Number:	Transport	Y/N
Hard Hat		110V Power		CSCS			Underground Card			Bus	
Hi-Vis Vest		240V Power		First Aid			Abrasive Wheel			Train	
Boots		Hand Tools		CPCS			Confined Spaces			Car/Van	
Goggles		Own Hod		SMSTS / SSSTS			Metro Security			Motor Bike	
Gloves		Dust Sheets		UTR			SIA Security			Cycle	
Whites		Shovel		DBS Checked			SWQR/NRSWA Street works				
				MOD Clearance			Asbestos Awareness				
				Qualification - Pasma/ IPAF			Traffic Marshall				
				Royal Household			PTS Ticket Card				
				NEBOSH / IOSH			Scaffold Awareness				
				CCNSG							



Health & Safety:

Are you conversant with onsite Health & Safety requirements?	
Other Please specify:	

Work Requirements:

Temp or Perm:		Current Salary and/or Hourly Rate:		Travel Radius:	
Is there any medical information that you feel we should be aware of?					

Employer References:

Please provide us with two recent references

Name, company and contact details of referee	Dates employed	Duties	Reason for leaving

Next of kin:

Name:	
Phone number:	
Relationship to you:	

Data Protection Statement

The information that you provide on this form and on any CV given will be used by ITS to help provide you with work. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.

We may check the information collected, with third parties or with other information held by us.

We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in any other way permitted or required by law.

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 employ me direct, I acknowledge that ITS 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).

Signature:	
Print Name:	
Date:	

For Office Use Only

Consultant:		Branch:		Date:	
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Proof of eligibility to work in the UK documents	
Copy of tickets, qualifications & driving licence (if required)	
Reference information and NI	
Terms & Conditions signed	

CANDIDATE PAYROLL INFORMATION SHEET



PAYE Information:

NAME:	
NI:	
Bank/building Society Name:	
Branch:	
Sort Code:	
Account Number:	
Building Society Role Number	
Account name:	

CIS Payment Option for Tradesmen/ Qualified Operatives (We operate a preferred supplier list)

1 st Choice Payment Company:	
UTR Number must be CIS registered: <i>(Copy of card/Certificate required)</i>	

Self Employed/Ltd Company:

We will need to verify your self-employed/Ltd Company status. You will need to supply copies of your Company Registration and Umbrella documents, Liability Insurance and if applicable VAT Registration document. Please note we operate a Self Billing Agreement and will issue invoices weekly.

Bank/Building Society Name:	
Branch:	
Sort Code:	
Account Number:	
Building Society Role Number:	
Account Name:	
PAYE Undertaking Document Required:	<input type="checkbox"/>
Self Billing Agreement Required:	<input type="checkbox"/>

I declare that all the information provided in this form is correct and that is my responsibility to inform ITS of any changes:

Signature:	
Print Name:	
Date:	

For Office Use only

Consultant:		Branch		Date	
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NI & Bank Details Checked	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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