



APPLICATION FORM

PERSONAL INFORMATION			
Title		Surname	
Forename(s)			Trade
Date of Birth		N.I. Number	
Address Line 1			
Address Line 2			
Town / City		Nationality	
County			
Postcode			
Home Tel No.		Mobile Tel No.	
Email Address			
EMERGENCY CONTACT INFORMATION			
Next of Kin		Relationship	
Home Tel No.		Mobile Tel No.	
RIGHT TO WORK			
We require you to substantiate your eligibility to work in the UK and therefore request you indicate which eligibility document(s) you possess. Please select from the following list:			
<input type="checkbox"/> A British / EU / EEA Passport or National Identity Card <input type="checkbox"/> A current passport endorsed to show that the holder is exempt from immigration control, is allowed to stay indefinitely in the UK, has the right of abode in the UK, or has no time limit on their stay in the UK. <input type="checkbox"/> A certificate of registration or naturalisation as a British citizen, and an official document confirming NI no. and name issued by a Government agency or a previous employer <input type="checkbox"/> A current Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the named person is allowed to stay indefinitely in the UK or has no time limit on their stay in the UK, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.			

- A full birth or adoption certificate issued in the UK which includes the name(s) of at least one of the holder's parents or adoptive parents, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
- A birth or adoption certificate issued in the Channel Islands, the Isle of Man or Ireland, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
- A certificate of registration or naturalisation as a British citizen, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.

CRIMINAL CONVICTIONS

Do you have any Unspent Criminal Convictions	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If 'Yes' please specify dates and Unspent Convictions:

Failure to disclose any unspent convictions may result in instant dismissal and without notice should the conviction be discovered at a later date. On occasion a vacancy may arise at a location which is exempt from the Rehabilitation of Offenders Act 1974, particularly in those locations involving working with children or vulnerable adults. Any declaration would be treated in the strictest of confidence by Clements Young Ltd.

MEDICAL DETAILS

Have you ever suffered from any of the following? (Please Tick Yes or No)

1	Heart Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	21	Skin disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	22	Eye disease/visual problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Lung Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	23	Colour blindness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Have you or any of your family suffered from TB?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	24	Migraine/Severe headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Asthma/Hayfever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	25	Depression/Anxiety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Allergies e.g. Latex	Yes <input type="checkbox"/>	No <input type="checkbox"/>	26	Drug/Alcohol problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Jaundice/Hepatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	27	Other psychiatric problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Typhoid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	28	Stress related illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Serious infections disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	29	Serious accident	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10	ME/Post Viral Fatigue Syndrome	Yes <input type="checkbox"/>	No <input type="checkbox"/>	30	Other conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Kidney/Bladder disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	31	Have you undergone any operations in the last 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Back Pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	32	Have you contacted a Doctor in the last 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Joint or Muscle pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	33	In the last year have you had a Cough which has lasted for more than 3 weeks or coughed up Blood?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Ear/Nose/Throat disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	34	In the last year have you had any unexplained weight loss or had any night sweats or Fevers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Fits/blackouts/faints	Yes <input type="checkbox"/>	No <input type="checkbox"/>	35	Are you at present taking any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	36	Are you waiting for any medical treatment or test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17	Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	37	Have you lost time at work due to illness in the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18	Hernia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	38	Have you ever been retired on an ill-health pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19	Indigestion/Bowel disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	39	Do you have any phobias?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20	Menstrual/gynae problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	40	Have you ever been refused or dismissed from employment for Health issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered 'Yes' to any of the above questions, please provide detailed comments below.

Comments:

Please use a separate piece of paper should you require more space.

REFERENCES

Please provide details of 2 Referees who you have worked for during the previous 12 months.* Note 1 Reference for a period of 12 months+ is adequate.

Referee Name		Referee Name	
Referee's Position		Referee's Position	
Contact no.		Contact No.	
Company		Company	
Dates From		Dates From	
Dates To		Dates To	
Your Position		Your Position	
Reason for Leaving		Reason for Leaving	

HEALTH & SAFETY / TRADE QUALIFICATIONS

Please detail any qualifications that relate to your Health & Safety / Trade

Qualification	Expiry Date (If Applicable)

PAYMENT OPTIONS

Please select your preferred payment option and contracting type:

1.) PAYE	<input type="checkbox"/>	2.) Intermediary	<input type="checkbox"/>	3.) Personal Service Company / Limited Company	<input type="checkbox"/>
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1.) PAYE Payment			
Please note we are unable to process <u>ANY</u> PAYE payments until this section is complete			
Bank / Building Society:		Account Name:	
Sort Code:		Account Number:	
Ref / Roll No. (Building Society only)			
P45 Attached	<input type="checkbox"/>	I do not have a P45	<input type="checkbox"/>

2.) Payment through an Intermediary			
Omnia Outsourcing Ltd <input type="checkbox"/>	0118 334 8588	Exchequer Solutions Ltd <input type="checkbox"/>	01244 500 190
Shield Logistics Services Ltd <input type="checkbox"/>	01992 374144		
<p>Due to the compliance and Tax risks associated with engaging intermediary companies, we have conducted due diligence checks and approved the above companies to provide you with services.</p> <p>We are not be able to engage you through a CIS Intermediary unless we have established that you will carry out the relevant assignment without the client or any third party exercising or asserting the right to exercise supervision, direction or control over the manner in which you provide your services. If we are unable to establish this, you will need to choose an alternative payment and contracting service.</p>			

3.) Personal Service Company / Limited Company		
Company Name		
Company Reg No.		
Intermediary Questionnaire Returned	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please be aware we are unable to process payments without your completed Intermediary Questionnaire.

WORKING TIME REGULATIONS

The Working Time Regulations 1998 state that you are not permitted to work more than an average of 48 hours per week averaged over 17 weeks, unless you opt out. If you opt out, you will be permitted to work more than 48 hours per week but are not under any obligation to do so. Please indicate below your preference.

I DO wish to work more than 48 hours per week

(You may terminate this agreement by providing 7 days written notice)

I DO NOT wish to work more than 48 hours per week

AGREEMENT OF TERMS

- 1.) By signing this Application Form, you confirm that all information you have provided is accurate and should any information change and you will notify Clements Young Ltd without reasonable delay.
- 2.) You understand that under the General Data Protection Regulations (GDPR) your data will be stored both on electronic computer devices and in paper form for the purposes only necessary to provide services aligned with our core business activities.
- 3.) You acknowledge that Clements Young Ltd will hold your data and process personal data (and sensitive personal data) and pay share with third parties where necessary in order to enable the services of our core business activities.
- 4.) You authorise Clements Young to represent me in respect of potential work finding opportunities. I will notify Clements Young Ltd without delay if I have previously applied for a position directly or through any other recruitment business. Once I have authorised Clements Young Ltd to submit my details for a position, I confirm that I will not apply for the same position directly or through any other recruitment business.
- 5.) We are under no obligation to offer you work and by signing this Application Form you understand that at this stage this is an application process only. Once our due diligence is complete in regard to verifying your compliance documents and suitability, we may consult with you in respect of our working finding services.
- 6.) You have read and agree to the attached Terms of Engagement should your application be successful.

7.) You agree for Clements Young to contact you by phone, email or SMS messaging otherwise I expressly confirm otherwise in writing.

8.) I agree to notify Clements young Ltd of any changes to my payroll information or any information relating to my pay.

Signed by Temporary Worker	
Print Name	
Date	