

Subcontractors Registration Form

The information you supply on this form will be treated in confidence.

Please note all subjects marked with * are mandatory.

1. *General information

| | | | | | |
|----------------|-------|----------------------|-------|------------|-------|
| First Name: | _____ | Middle Name: | _____ | Last Name: | _____ |
| Data of Birth: | _____ | | | | |
| Address: | _____ | City: | _____ | Post Code: | _____ |
| Phone Number: | _____ | E-mail address: | _____ | | |
| Trade: | _____ | Years of experience: | _____ | | |
| NI Number: | _____ | UTR Number: | _____ | | |

2. * Payment Details

| | | | | | |
|-----------------|----------------------|----------------------|----------------------|----------------------|---------------------------------|
| Bank Name: | _____ | | | | |
| Account Number: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Sort Code: <input type="text"/> |

3. * Qualifications

| | | | | |
|-----------------------------|------------------------------|-----------------------------|---------------------|--------------------|
| CSCS Card: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Number: _____ | Expiry Data: _____ |
| Driving Licence: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Type: <u>UK /EU</u> | |
| NVQ: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Level: _____ | Date: _____ |
| Asbestos Awareness: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Expiry Data: _____ | |
| Manual Handling: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Expiry Data: _____ | |
| CRB Check: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| Public Liability Insurance: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | |

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4.* Tools

Have you got a yellow step:

YES

NO

Have you got a hop up:

YES

NO

Have you got a Vehicle:

Car

Van

None

Please enumerate all the 110V power tools that you have: _____

Please enumerate all the hand tools that you have: _____

5.* Reference

Previous Employer Name: _____ Contact Number: _____

Company: _____

6.* Emergency Contact

Full Name: _____ Contact Number: _____

Relationship: _____

Full Name: _____ Contact Number: _____

Relationship: _____

7.* Requirements

Please enclose the following documents:

1. ID card copy

5. Copy of NVQ certificate

2. Proof of address

6. Copy after CRB check

3. CSCS card copy

4. Copy of Asbestos Awareness/Manual Handling certificate

*Subcontractor Sign: _____ *Date: _____

Subcontractors Registration Form

Medical Questionnaire

| | |
|--------------------|--|
| Full Name: | |
| Address: | |
| GP contact number: | |

* We will not contact your doctor without prior written consent from employee.

| | |
|---|---------------|
| How many days' absence have you had from your work in the last three years? | Days: |
| How many times where you absent in the last three years? | Periods: |
| Are you currently taking or have been prescribed medication? If YES please give further details: | Yes/No |
| Are you currently receiving treatment for any physical or mental condition? If YES please give further details: | Yes/No |
| Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If YES, please give further details: | Yes/No |
| Do you consider yourself to have a disability? If YES, please give further details: | Yes/No |

Data Protection Notice:

Ser Contractor Ltd requires certain information before you start employment, to ensure you will be able to perform the requirements of the job and give reliable service that comply with Health and Safety regulations. The information is also required in order to establish whether a reasonable adjustment may be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995. All information provided will be handled in the strictest confidence and used for the purpose detailed above in compliance with the Data Protection Act 1998.

I confirm that the information given in this Questionnaire is complete and accurate to the best of my knowledge.

Subcontractor Sign: _____ Date: _____.