

## Registration Form

(CONFIDENTIAL)

### PERSONAL DETAILS

Date:        /        /

|                   |  |
|-------------------|--|
| FORENAME          | SURNAME  |
| Title             | No. of Dependent Children:   |
| Permanent Address | Date of Birth  |
|                   | National Insurance No:   |
|                   | Work Permit Required: * <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Post Code         | <small>* If No, do you have or do you require any other special permission to work in the UK (if you do please provide documents).</small> |
| Tel (Home)        |  |
| Mobile            |  |
| E-mail            | Work permits Valid Until:  |
| Passport No:      | Nationality:   |
|                   | Passport Expiry Date:  |

**Job Sector (Please tick which area you are currently seeking work in )**

|                                  |                              |
|----------------------------------|------------------------------|
| Admin and Secretarial            | Housing                      |
| Customer Service and Call Centre | Social Care / Support        |
| ICT                              | Construction                 |
| Banking and Finance              | Industrial and Environmental |
| Accountancy                      | Catering and Hospitality     |
| HR and Personnel                 | Media and Marketing          |
| Education                        | Legal                        |
| Sales                            | Telecommunications           |
| Recruitment                      | Transport and Travel         |
|                                  | Other                        |
|                                  |                              |
|                                  |                              |

Type of Work:             TEMPORARY             CONTRACT             PERMENANT             BOTH

Method of Transport used for travel to and from work:

Bicycle       Bus       Car       Motorcycle       Train

Nearest Station:

Full Driving Licence     Yes       No

Preferred Location (s) to work in:

Organisations you want to work with:

**Please complete the following three boxes or attach an up to date c.v**

**EMPLOYMENT HISTORY**  
 (PLEASE START WITH MOST RECENT)

| Start Date | Leaving Date | Employer's Name and Address | Position Held | Salary on Leaving |
|------------|--------------|-----------------------------|---------------|-------------------|
|            |              |                             |               |                   |

**EDUCATION**  
 Secondary School/College/University

| Name and Address of Institution | Courses Taken/Subjects | Dates (From-To) | Full/Part-Time | Qualifications/Grade |
|---------------------------------|------------------------|-----------------|----------------|----------------------|
|                                 |                        |                 |                |                      |

**Any other relevant Qualification/Training/Information**

**WORKING TIME DIRECTIVE 1998 Opt Out Of Maximum Hours:**

WTD 1998 says that you the Temporary Worker do not have to work on an Assignment with the Client in excess of the 48 hour Working Week unless you agree in writing that this limit should not apply.

- Yes I consent to opting out of Maximum hrs       No I don't want to work more than 48 hrs

**EMERGENCY CONTACT DETAILS**

Address

Post Code:

Name

Relationship

Country

Telephone (Home)

Mobile

**REFERENCES** – Please give the name of present employer and provide previous recent employers **covering the last 5 Years**, This must reflect what is stated on your C.V. College leavers give name of lecturers/tutors/professors. If not possible, give names of persons best able to write a reference in support of your application. We cannot accept friends and relatives as referees.

**REFEREE 1**

Contact Name

Organisation

Address

Tel

Mobile

E-mail

From / To /

**REFEREE 2**

Contact Name

Organisation

Address

Tel

Mobile

E-mail

From / To /

**REFEREE 3**

Contact Name

Organisation

Address

Tel

Mobile

E-mail

From / To /

**REFEREE 4**

Contact Name

Organisation

Address

Tel

Mobile

E-mail

From / To /

If you are short listed, references may be taken up before interview. If you are not willing for this to be done please tick the no box:  No



**Employment Terms and Conditions & Confidentiality Agreement**

I have read and understood the professional Code of Conduct and have been issued with a copy. I will at all times adhere to the Code.

**I agree that during the time I am engaged by Zen Personnel to work in any capacity of Work**  
 a) I will not disclose to any person, any information obtained whilst attending an assignment which is confidential  
 b) I will hold in trust and confidence for Zen Personnel, all such information and never use it other than for the benefit of Zen Personnel.

|             |         |          |
|-------------|---------|----------|
| Print Name: | Signed: | Date / / |
|-------------|---------|----------|

**Personal Health Questionnaire and Health and Safety Declaration**

|   |  |
|---|--|
| <p><b>Do you or have you ever suffered from (Please Tick)</b></p> <p>Fainting Attacks <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fits or Blackouts <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Giddiness <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Mental Illness <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Recurring Headaches <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ear trouble or Deafness <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Eye trouble or defective vision <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Not corrected by glasses <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Recurring Chest Disease <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Heart Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>High blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Varicose Vein Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Back Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Muscle or Joint Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Skin Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Recurring Stomach Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Recurring Bowel Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you any Disability Affecting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• Standing <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Walking <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Stair Climbing <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Lifting <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Use of Hands <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Work at Heights on Ladders/Staging <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Ability to Drive a Motor Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> |
|---|--|

**Personal Health Declaration**

I declare that all the foregoing statements are true and complete to the best of my knowledge. I know of no medical reason why I should not work. Should the situation change whilst I am engaged on a temporary assignment by Zen Personnel or in between assignments from Zen Personnel I will immediately notify Zen Personnel and ,if appropriate, the company where I am working.

I understand that I must at all times, avoid moving and handling any persons or object which may put my physical health, or the clients well-being at risk. I will attend the next available training course through Zen Personnel if I require it.

|            |           |          |
|------------|-----------|----------|
| Print Name | Signature | Date / / |
|------------|-----------|----------|

**Equal Opportunities Monitoring Form**

Please Tick the box below which best describes the ethnic category to which you

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background – please write in below

**White**

- British
- Irish
- Any other White background- please write below

**Chinese or other ethnic group**

- Chinese
- Any other ethnic background- please write in below

**Asian or Asian British**

- Indian
- Pakistani
- Bangladesh
- Any other Asian background – please write in below

**Black or Black British**

- Black Caribbean
- Black African
- Any other Black background – Please write in below

**Sex**

- Male
- Female
- Other (please state below)

**DECLARATION**

I declare that to the best of my knowledge the information I have given on this form is correct and that I have not omitted any facts. I understand that falsification of qualification or information may lead to removal without notice from Zen Personnel.

|             |         |           |
|-------------|---------|-----------|
| PRINT NAME: | SIGNED: | DATE: / / |
|-------------|---------|-----------|

**Criminal Convictions**

Have you any convictions (Including spent convictions under the Rehabilitation of Offenders Act 1974)? Yes / No  
If Yes, please give full details .....

.....

Print Name: ..... Signed:.....

Date ...../...../.....