



CANDIDATE REGISTRATION FORM

1. YOUR DETAILS

Title	<input type="text"/>
First Name(s)	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Date of Birth	<input type="text"/>
NI Number	<input type="text"/>
Home No	<input type="text"/>
Mobile No	<input type="text"/>
E-Mail	<input type="text"/>
Nationality	<input type="text"/>
Next of Kin	<input type="text"/>
Next of Kin Contact No	<input type="text"/>

Do you require a work permit? (If Yes you must supply a copy to us with your Passport)

- Yes No

In order to process your payment you must provide proof of identification. Please indicate which of the following accepted forms of ID you are providing and will attach to this form.?

- Passport Birth Certificate

Please note that your document must be a photocopy not the original as Ambitek can not be held responsible for its return. If you do not submit a valid form of ID you will not be paid.

2. YOUR BANK OR BUILDING SOCIETY DETAILS

Name of Bank or Building Society	<input type="text"/>
Account Holders Name	<input type="text"/>
Sort Code	<input type="text"/>
Account Number	<input type="text"/>
Building Society Ref No	<input type="text"/>

3. PRESENT OR MOST RECENT POSITION

- Temporary Permanent

Position	<input type="text"/>
Employment Dates	<input type="text"/>
Company Name	<input type="text"/>
Manager Name	<input type="text"/>



4. HMRC TAX & N.I DETAILS

P46 details:

- A) This is my first job since 6th April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension.
- B) This is now my only job, but since last 6th April I have had another job, or have been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension.
- C) I have another job or receive a state or occupational pension..

Student loan repayment:

- If you left a course of higher education before last 6th April and received your first UK Student Loan instalment on or after 1st September 1998 and you have not fully repaid your Student Loan, please tick here (do not tick if you are repaying your UK Student Loan by agreement with the Students Loan Company) to make monthly payments through your bank or building society account.

5. REHABILITATION OF OFFENDERS ACT 1974 & EQUALITY ACT 2010?

Have you any convictions that are not spent under Rehabilitation of Offenders Act 1974?

- Yes No

Do you consider yourself to be disabled under the Equality Act 2010?

- Yes No

6. AGREEMENT OF TEMPORARY WORKER CONDITIONS

1. I confirm that all the information supplied on this form is accurate and true to the best of my knowledge;
2. I have read, understand and accept the Contract for Services.
3. I consent for all funds to be sent to the bank account noted above. If I am not the owner of this account then the account holder must also sign below to indicate their consent for funds to be sent to their account. Ambitek cannot be held responsible for any breakdown in communication between you and the account holder once this form has been signed by both parties.
4. The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment.

Signature

Full Name

Date

Signature
(Bank Account holder if different from above)

Full Name

Date

Ambitek Ltd is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with this policy.

Ambitek Ltd shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. Ambitek Ltd will ensure that each candidate is assessed only in accordance with the candidate’s merits.



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1. YOUR DETAILS

Title	
First Name	
Surname	
Address	
Postcode	
Date of Birth	
Height	
Weight	

2. MEDICAL CONDITIONS

Have you ever had any of the following?

- | | | |
|--|------------------------------|-----------------------------|
| 1. Epilepsy, fits, blackouts, fainting turns or unexplained loss of consciousness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Vertigo, dizziness, giddiness, problems with balance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Recurrent headache or migraine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Diseases of the nervous system e.g. neuritis, stroke, multiple sclerosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Chest pain, angina, heart disease or breathlessness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Any visual defect e.g. scotoma, blindness in one eye, reduced visual field, blurred vision, coloured blind? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Raised or low blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Any blood disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Asthma, bronchitis, emphysema, pneumonia or any other lung disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Jaundice or any form of hepatitis or other liver problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Any kidney or bladder conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Arthritis, gout, chondromalacia patellae or rheumatism? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Any metabolic disorder including diabetes, thyroid and adrenal gland disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Psoriasis, eczema, allergic skin rash or other skin disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Any infectious diseases? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Anxiety/depression, mental breakdown or stress related problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Substance misuse (e.g. drugs, steroids)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Any allergies including hayfever? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Any malignancies or cancers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Any operations or surgical procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Ear or hearing problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Any other medical condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Have you ever consulted an orthopaedic surgeon, chiropractor, osteopath or physiotherapist? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Current treatment. Are you currently attending a hospital/GP for treatment or waiting for an appointment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



3. GP DETAILS

Name

Address

Postcode

Telephone No

Mobile No

4. EMERGENCY CONTACT

Name

Address

Postcode

Telephone No

Mobile No

5. EQUALITY ACT 2010

Do you have a disability which may affect your ability to undertake your sought role or which requires special arrangements?

Yes No

The Equality Act 2010 protects people against unfair treatment and discrimination. These are called the ‘protected characteristics’ and they are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.”

If yes, what facilities/adjustments/equipment might enable you to perform the role?

6. PAST MEDICAL HISTORY

Have you ever failed a medical examination for any employment reasons or life assurance? Yes No

Have you previously been notified that you would not be eligible for ill health benefits? Yes No

Have you ever left a job or had to be medically retired due to ill health? Yes No

Has any previous occupation caused you health problems? Yes No

Are you in receipt of a medical pension or other disability benefit? Yes No

7. SICKNESS/ABSENCE

Please list how many days you have been absent from work in the last three years due to sickness. For each absence please also indicate the dates and the reason.

Number of days absence	Dates of absence (dd/mm/yy)	Reason (please state if related to a disability)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



8. DECLARATION

1. I declare that the information given in this questionnaire is true and complete. I understand that any misleading information or any omissions will be sufficient grounds for termination of my employment.
2. I will notify you immediately if any of my answers change on my completed questionnaire.
3. I do give permission to my General Practitioner to disclose relevant information to the Occupational Health Department in accordance with the Access to Medical Records Act 1988.
4. The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment.

Signature

Full Name

Date