ACRLTD Registration Form.

Section 1-Personal Information			
First Name:		Surname:	
Date of Birth:		NI Number:	
UTR Number:		Position applied for:	
Address			
Full Address:			
Town/City:			
Post Code:			
Contact Information			
Mobile Number:		Home No:	
Email Address:			
Driving and Vehicles			
Do you have a valid driving license:	Yes☐	No☐	
Do you own your own vehicle:	Yes ☐	No☐	
Next of Kin details			
Name:		Contact Number:	
Relationship:			
Doctor/GP Details			
Are you currently registered with a GP/Doctor	Yes☐	No☐	
Doctor/GP Name: Surgery Tel Number:			
Surgery Address:			

Section 2-Identication and Right to Work			
Right to work in the UK			
Please state your Nationality:			
Do you have the right to work in the UK?	Yes☐	No☐	
Is there a restriction on the length of time you can work in the UK?			
Yes☐ No☐			
If yes please give dates	From:	To:	
Documentation			
Please indicate which form of ID you have provided as evidence of your right to work in the UK			Tick one box
Current UK Passport	☐		☐
Full Birth Certificate with Proof of NI number			☐
Or EU Passport or National ID Card			☐
Or Non EU Passport with Visa			☐
Or Non EU Biometric Residence Card			☐
Passport No:	Expiry Date:	Visa No	

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Section 3 Health & Safety- Qualifications, Memberships and Courses		
Qualification/Course	**Expires:**	**Card type (red/blue)**
CSCS ☐		
CPCS ☐		
Other		
Card Number:		
Professional Qualifications E.g. NVQ, City & Guilds		
Skills and Experience		
Summarize practical skills and specialist training or experience		
References		
Please provide two work references, starting with the most recent agency/company you worked through.		
Reference 1		
Company Name:		
Name of Referee:		
Contact Number:		
Details of duties:		
Length of Employment:		
Year Job started:		
Reference 2:		
Company Name:		
Name of Referee:		
Contact Number:		
Details of duties:		
Length of Employment:		
Year Job started:		

Please note that if your job application is successful, we will contact the referees listed above. Please inform us if you would prefer us not to contact them.

Section-4 Criminal Record and Police Checks
Criminal Record
Have you ever been convicted of a criminal offence? **YES** ☐ **NO** ☐
If yes, please details:
*You may be offered an opportunity to work within an Environment of building where you may come into contact with children or other vulnerable groups. The Rehabilitation of Offenders Act 1974 requires us to ask you for further information. A criminal check from the Disclosure and barring service may be required, when this type of work is sought. Do you have any previous convictions, whether they or not they are spent, within the Act, including any cautions, bind overs, final warnings, reprimands or any convictions from overseas.
DBS Disclosure
Do you hold a DBS disclosure or overseas police check, carried out in the last 3 years: **YES** ☐ **NO** ☐
If yes, please give details:

Section-5 Working Time Directive
The Working Time Regulations
Information on the Working Time Directive can be found in the Induction Pack and also at www.legislation.gov.uk/uksi/1998/1833/contents/made
Please tick YES to confirm you have received and understood all relevant information on the Working Time Directive **YES** ☐ **NO** ☑
Please tick YES to confirm you wish to opt out of the Working Time Regulations and agree to work in excess of the 48 hour limit **YES** ☐ **NO** ☐

Section-6 Payment Method
Please select ONE OPTION from the below list of payment options:
Paye Umbrella Companies : **BISHOPSGATE** ☐ **SHIPSHAPE** ☐
Payment via a Limited Company ☐

Section-7 Company Policies
Please tick to confirm you have received, understood and agree to adhere to our Company Policies and Processes as (these are found in our Induction Information Pack)
Company Alcohol and Drug Policy ☐ ☐
Work Safe Policy and Health and Safety Policy ☐ ☐
Policies received, understood and you agree to adhere to them: **YES** ☐ **NO** ☐

Section-8 Occupational Health	
Occupational Exposure Have you ever been exposed to the following hazards:	
Chemicals	**YES** ☐ **NO** ☐
Dusts	**YES** ☐ **NO** ☐
Lead	**YES** ☐ **NO** ☐
Noise	**YES** ☐ **NO** ☐
Manual handling	**YES** ☐ **NO** ☐
Confined Spaces	**YES** ☐ **NO** ☐
Gases/Fumes	**YES** ☐ **NO** ☐
Solvents	**YES** ☐ **NO** ☐
Extreme Temperatures	**YES** ☐ **NO** ☐
Tar, Asphalt, Bitumen	**YES** ☐ **NO** ☐
Medical History	
Please answer the below questions, if you answer YES please give more information	
Are you currently received any form of medical treatment?	**YES** ☐ NO ☐
Are you taking any regular medication?	**YES** ☐ NO ☐
You have had more than 10 days off work in the last 24 months?	**YES** ☐ **NO** ☐
Have you had to notify the DVLA of a medical condition?	**YES** ☐ NO ☐
Have you been retired early on the grounds of ill health?	**YES** ☐ **NO** ☐
Have you been advised not to undertake shift or night work	**YES** ☐ **NO** ☐
Please give more details here if you ticked YES to any of the questions above:	

Existing Conditions	
Do you or have you suffered from any of the following: Asthma, angina, back pain, black outs, balance problems, blood disorders, chest/lung complaints, diabetes, defective color vision, hearing problems, high blood pressure, heart attacks, poor circulation, rheumatism/arthritis, kidney or bladder problems, speech/writing difficulties, addiction to drugs or alcohol, recurrent numbness/tingling of hands and/or fingers, any form of disability, skin complaints, sleep disorders, serious head injury, stomach problems, liver or bowel problems, Hepatitis B, epilepsy, fits, mental/psychological illness, headaches or migraines, visual problems, any other significant medical problem	
YES ☐ **NO** ☐	**If yes please give details:**

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Section-9 Declaration and Signature

I certify that the answers I have given to the question in this pack are correct. I understand that if any information I have given or will give in the future is incorrect regarding statements of Skills, Experience and employment is false or misleading may result in the termination of this agreement.

I certify that I am willing to produce if required at my own expense a statement by a qualified Medical Practitioner to say that I am fit for work and to confirm I can undertake work in the construction industry.

I confirm that I give permission for the company to hold and keep copies of documents that I have submitted my personal information and proof of my identity and that the company reserve the right to keep personal information on all registrations and will only provide information on a need to know basics.

I agree to the company retaining information that may include Health & Sickness information, criminal offense information, and disciplinary matters.

I confirm that I will notify ACR Ltd if there is any change in my circumstances that could affect my work this could be a change in my Health.

I confirm and accept that the company may contact previous employers to obtain a reference for me that will consist of my working history with them.

I can confirm I have been briefed on the company's induction pack, which includes the company's procedures, and policies and I agree to adhere to them.

I can confirm that if I take on extra or additional work outside the work I am doing for the company that I will inform them immediately.

I accept that there may be times that the company doesn't have any work I am a temporary worker so there is no obligation for the company to provide me with work or for me to accept any work that is offered, I have told the company as I am a temporary worker I am registered with other agencies and accept work from time to time.

I confirm that there may be times when necessary to work in excess of 48 hours per week, and that I may terminate this agreement at any time subject to giving 7 days' notice in writing (in line with the WTR 1998 agreement).

Print Name	Date	Signature

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FOR OFFICE USE ONLY

As an ACR Ltd representative, I declare that the candidate has been briefed on our induction pack he understands and agrees to our company policies. He is aware of his Health and safety obligation when working and representing ACR Ltd. He has produced all documents for employment and copies have been taken. I can confirm that photographic ID is a true resemblance of the person I have met and engage with.

Print Name	Date	Signature