

**Candidate Registration Form**



Surname		Forename	
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**Personal Details:**

Date of Birth		Nationality	
NI Number		Ltd or PAYE	
Home Tel:		Mobile:	
Email (Work):		Email (Home):	
Address:			
Next of Kin (Name & Relationship):		Next of Kin (Tel):	

**Position Required:**

Position:		Post Qualified Exp:	
Temp and/or Perm		Date Available	
Hourly Rate		Salary Per Annum	
Notice Period		Preferred Location	
How did you hear of us? Referred by?		Availability for Interview	

Do you have a First Aid Certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a full Driving Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a Car Owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have Proof of Eligibility to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a current CRB check? Date of Issue:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you security cleared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been dismissed for gross misconduct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note that we check all candidate eligibility with the home office to comply with the Immigration, Asylum & Nationality Act 2006

**I declare that the information I have given on this registration form is correct.**

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Interview Notes (Internal Use Only)



## Candidate Registration Form

### Criminal Disclosure

Do you have any convictions, other than those which are spent. Yes  No   
If yes please give details:

Home Office Circular HOC 102/88. Rehabilitation of Offenders Act 1974 (Exception) order 1975 as amended. You do not generally have to disclose details of a spent conviction. However, if the work you are applying for is exempt from **Rehabilitations of Offenders Act** but virtue of the (**Exceptions**) order because it involved access to persons who are disabled, or addicted to drugs and alcohol or under 18 and over 65, you must reveal details of all convictions, spent or otherwise. Please note that information will only be provided to and checked with the police authorities after a recruitment interview has taken place.

Do you have any convictions Yes  No   
If yes, please specify on a separate sheet.

*For further information please refer to The Synergy Policy Statement on the Recruitment of Ex-Offenders.*

### Confidentiality

As a Temporary Worker I shall:

- keep confidential all information relating to Work Results, Intellectual Property Rights in the Work Results, and Synergy’s, the Client’s or any other Synergy client’s business and affairs (including, for the avoidance of doubt, Payment Rates) (“**Confidential Information**”) which may become known to me in connection with the supply of the Services;
- not use any Confidential Information except for the purposes of performing the Services;
- without delay enter into any and all assignments of Intellectual Property Rights (relating to the Work Results) or confidentiality undertakings that Synergy or the Client may require me to enter into;
- not without the Client’s express written permission remove from the Client’s premises any material containing any Confidential Information; and
- on request, return to Synergy (or as Synergy may direct) all material in my possession or control and belonging to the Client or Synergy and/or containing Confidential Information.

Yes  No

### Medical & Disability

To the best of my knowledge I am medically fit to perform my duties. Yes  No   
*If no, please complete the Medical Self Certificate*

Do you consider yourself to have a disability under the Disability Discrimination Act 1995? Yes  No   
*If yes, please complete the Medical Self Certificate*

### Data Protection

In accordance with the Data Protection Act to allow The Synergy Group to send you regular updates of suitable vacancies & recruitment information whether by letter, email, text or phone we must request that you indicate below your acceptance of these forms of communication. Yes  No

### Disclosure Declaration

In accordance with the Data Protection Act I give my express consent (a) for you to disclose the entire contents of my personnel file to employees or the client; (b) for Synergy or the client to verify any of the details disclosed; and (c), where applicable, for you to retain a copy of my CRB Disclosure Certificate. Yes  No

### Opt Out of 48 Hour Working Week Agreement

If you are 18 or over and wish to work more than 48 hours a week, you can choose to opt out of the 48 hour limit. You have the right to cancel this agreement at any time by giving notice. I agree that I may work for more than an average of 48 hours a week. Yes  No

**I confirm all of the above and have understood all relevant documents.**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



**Candidate Registration Form**

**Medical & Disability Form**

To the best of my knowledge I am medically fit to perform my duties. Yes  No   
*If no, please complete the Medical Self Certificate information below*

Do you consider yourself to have a disability under the Disability Discrimination Act 1995? Yes  No   
If Yes, please indicate briefly the nature of your disability.

Aspergers Syndrome/Autism	<input type="checkbox"/>	Need personal care/support	<input type="checkbox"/>
Blind/partially sighted	<input type="checkbox"/>	Unseen Disability e.g asthma, diabetes, epilepsy	<input type="checkbox"/>
Deaf/hearing impediment	<input type="checkbox"/>	Wheelchair user/mobility difficulties	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
Mental Health difficulties	<input type="checkbox"/>		

Should you undertake an assignment with Synergy, do you feel that any special aids or equipment would be required to take account of your disability? Please give details.

\_\_\_\_\_

Medical Self Certificate (please tick the appropriate boxes)

Have you ever had blackouts, or dizziness, or do you suffer from epilepsy? Yes  No

Do you get chest pain or breathlessness, or have difficulty in climbing a single flight of stairs? Yes  No

Do you have difficulty moving rapidly over a short distance (10m)? Yes  No

Do you have problems looking over either shoulder? Yes  No

Are you receiving any treatment or undergoing any investigations for a medical problem? Yes  No

Are you taking any medication or injections for any reason? Yes  No

Vision - do you suffer from any disturbance of normal vision? Yes  No

Do you suffer from any problems hearing conversation in normal circumstances? Yes  No

Do you suffer from any disability or medical condition that could affect your ability to work safely on site at any location required during your employment? Yes  No

If you wear glasses when was the date of your last test? \_\_\_\_\_

*You must inform your consultant if you are asked to work night shifts – separate medical required*

If you have answered Yes to any of the above questions, please provide further details below

Question no/s: _____
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To the best of my knowledge I am medically fit to perform my duties:

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Candidate Registration Form**

**Bank Details Form**

To ensure that we have the correct bank details on file for your placement please supply the following information.

Surname		Forename	
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Date of Birth		NI No:	
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Are you:	PAYE <input type="checkbox"/> Limited Co <input type="checkbox"/>	If PAYE:	Accrued <input type="checkbox"/> Paid <input type="checkbox"/>
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**Limited Company Details *if applicable***

Ltd CoName:		Ltd Co Reg No:	
VAT Registered:	Yes <input type="checkbox"/> No <input type="checkbox"/>	VAT Number:	
Ltd Co Reg Add:			

**Bank Details for PAYE *and* LTD CANDIDATES**

Bank/Building Society Name:		Branch Location:	
Sort Code:		Account Number:	
Name & Title of Account Holder:			

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Candidate Registration Form**

**REFERENCES FORM**

References must be provided by an employer or work colleague for work placements covering the last two years (five years Social Care) and we require a minimum of two references. **For permanent applicants please give details of your last 2 positions.**

Current Employer

Contact Name			
Company Name			
Address			
Phone No			
Email			
Relationship			
Dates Known/Worked	From	To	(Month & Year)
<b>You may contact this referee immediately Yes <input type="checkbox"/> No <input type="checkbox"/></b>			

Previous

Contact Name			
Company Name			
Address			
Phone No			
Email			
Relationship			
Dates Known/Worked	From	To	(Month & Year)
<b>You may contact this referee immediately Yes <input type="checkbox"/> No <input type="checkbox"/></b>			

Previous

Contact Name			
Company Name			
Address			
Phone No			
Email			
Relationship			
Dates Known/Worked	From	To	(Month & Year)
<b>You may contact this referee immediately Yes <input type="checkbox"/> No <input type="checkbox"/></b>			

Previous

Contact Name			
Company Name			
Address			
Phone No			
Email			
Relationship			
Dates Known/Worked	From	To	(Month & Year)
<b>You may contact this referee immediately Yes <input type="checkbox"/> No <input type="checkbox"/></b>			

I am happy for you to contact these referees as indicated above.

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_