



<b>Personal Details</b>	
Title & Full Name	
Address	
	Postcode:
Date of Birth	
Contact Numbers	
Email Address	
National Insurance Number	
Driving Licence Number	
<b>Bank Account Details</b>	
Name of Bank	
Account Holders Name	
Type of Account (Business / personal)	
Account Number	
Sort Code	
<b>Work Placement Details (OFFICE USE ONLY)</b>	
Job Title	
Placement Company	
Class of Driving work requested HGV 1 / HGV2 / 7.5t / Van	
Day Rate	
Night Rate	
Saturday Rate	
Sunday / Bank Holiday Rate	



**New Employee Statement**

Please read all the following statements carefully and select the one which applies to you:

This is my first job since last April 6<sup>th</sup> and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable incapacity benefit, or state/occupational pension.

This is currently my only job since April 6<sup>th</sup> this tax year.

I have another job or receive a state//occupational pension.

I hereby give consent for the Umbrella payroll company to process my personal data and pass my details as necessary to process my payment.

I hereby confirm that the above information is correct.

Signature: .....

Full Name: .....Date.....



<b>Previous Employment 1</b>	
Employer Name:	
Employer Address	
Telephone Number & Contact Name	
Position Held Eg:Driver	
Dates Employed	
<b>Previous Employment 2</b>	
Employer Name	
Employer Address	
Telephone Number & Contact Name	
Position Held Eg:Driver	
Dates Employed	
<b>Previous Employment 3</b>	
Employer Name	
Employer Address	
Telephone Number & Contact Name	
Position Held Eg:Driver	
Dates Employed	

<b>Registration Checklist</b>	
Proof of ID: Passport / Birth Certificate / Biometric Card	
Proof of National Insurance Number	
Proof of Address	
Proof of Bank Account Details	



## Night Workers Health Questionnaire

Do you suffer from any of these conditions?	Yes	No
a) Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
b) Heart or circulatory problems?	<input type="checkbox"/>	<input type="checkbox"/>
c) Stomach or intestinal problems, such as ulcers?	<input type="checkbox"/>	<input type="checkbox"/>
d) Any medical condition which causes difficulty sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
e) Chronic chest disorders where night time symptoms may be particularly troublesome?	<input type="checkbox"/>	<input type="checkbox"/>
f) Any medical condition requiring medication on a strict timetable?	<input type="checkbox"/>	<input type="checkbox"/>
g) Any medical condition where the timing of meals is particularly important?	<input type="checkbox"/>	<input type="checkbox"/>
h) Any mental health problems which may be affected by night work?	<input type="checkbox"/>	<input type="checkbox"/>
i) Any other medical condition which may affect your ability to work safely at night?	<input type="checkbox"/>	<input type="checkbox"/>
j) Are you a new or expectant mother? (optional question)	<input type="checkbox"/>	<input type="checkbox"/>
k) If you have worked at night before, did this cause any ill health?	<input type="checkbox"/>	<input type="checkbox"/>

If 'yes' to any of the above, please give details i.e., when condition developed, is this new, how severe, its effect on you, how well controlled and treatment so far.

Do you believe that any of these are made worse by night work?    Yes  No  If 'yes', please give details:

### Declaration

I certify that all the answers given above are true to the best of my knowledge and belief. I understand that no medical details will be divulged without my permission to any person outside Occupational Health, but an opinion about my fitness for night work will be issued to management.

Signature: .....

Full Name: .....Date .....



<b>Doctors Details</b>	
Name	
Surgery Address	
Contact Number	
<b>Next of Kin</b>	
Full Name	
Address	
	Postcode:
Contact Number	
Relation	

Signature: .....

Full Name: .....Date.....



# 48 Hours Opt out Agreement

## 1. Definitions

1.1 In this agreement the following definitions apply:

"Agency Workers"	means
"Assignment"	means the period during which the Agency Worker is supplied to provide services to the Client.
"Client"	means the person, firm or corporate body using the services of the Agency Worker.
"Employment Business"	means Agency Drivers (UK) Ltd, registered company number 03491080 of Howard Buildings, Burpham Lane, Guildford, Surrey. GU4 7LX
"Working Week"	means an average of 48 hours each week calculated over a 17-week reference period.

1.2 References to the singular include the plural and reference to the masculine include the feminine and vice versa.

1.3 The headings contained in this Agreement are for convenience only and do not affect their interpretation.

## 2. Restriction

The Working Time Regulations 1998 provide that the Agency Worker shall not work on an assignment with the Client in excess of the Working Week unless she/he agrees in writing that this limit should not apply.

## 3. Consent

The Agency Worker hereby agrees that the Working Week limit shall not apply to the Assignment.

## 4. Withdrawal of Consent

4.1 The Agency Worker may end this Agreement by giving the Employment Business one week's notice in writing.

4.2 For the avoidance of doubt, any notice bringing this Agreement to an end shall not be construed as termination by the Agency Worker of an Assignment with a Client.

4.3 Upon the expiry of the notice period set out in clause 4.1 the Working Week limit shall apply with immediate effect.

## 5. The Law

This Agreement is governed by the law of England and Wales and is subject to the exclusive jurisdiction of the Courts of England and Wales.

Signature: .....

Full Name: .....Date.....



## Data Protection

Our Data Protection Registration Number is Z7432484. As Data Controllers, Agency Drivers (UK) Ltd adheres to the Data Protection Act 1998 and Notification is made each year to the Data Protection Register.

Data Protection Act has been designed to protect individuals like you against the improper processing of your data. In a nutshell, this means that we will only use your Data for the correct reasons, and we will not disclose any of your personal information or contact details to third parties (unless we have your express permission to do so.) We will never forward your CV or any other details to clients or managers without first obtained your permission for the CV submission, and if you ask us to remove your details from our files, we will do so immediately. We are bound by, and fully adhere, the Data Protection Act, which means that your Data will remain confidential to Agency Drivers (UK) Ltd, and that we will obtain your permission before we forward your CV, or any details about you, to any of our employers.

I consent to Agency Drivers (UK) Ltd, forwarding my CV and any relevant information to any prospective employer for the next 5 years and understand that I can withdraw my consent in writing at any time

Signature: .....

Full Name: .....Date.....

## GDPR Declaration

I hereby give my consent to Agency Drivers (UK) Ltd and any named 3<sup>rd</sup> parties to process the following information for the next 5 years and understand that I can withdraw my consent in writing at any time

### Personal Data

- Name
- Date of Birth
- Contact details including telephone number, email address and postal address
- Experience, training and qualifications
- CV
- National insurance Number
- Include any relevant personal data
- Disabilities/health condition relevant to the role
- Criminal conviction
- Include any other relevant sensitive personal data

I consent to the Company processing the above personal data for the following purposes:

- For the Company to provide me with work-finding services.
- For the Company to process with or transfer my personal data to their names client's in order to provide me with work-finding service
- For the Company to process my data on a computerised database in order to provide me with work-finding services.

Signature: .....

Full Name: .....Date.....



## Equal Opportunities Statement

Agency Drivers (UK) Ltd is committed to policy equal opportunities for all work seekers and shall always adhere to such a policy 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 sex, sexual orientation, gender reassignment, marital or civil partnership status, age, disability, colour, race, nationality, ethnic or national origin, religion or belief, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in avoidance with the policy.

### Criminal Convictions

Do you have any unspent\* criminal convictions? YES / NO

If yes, state convictions and dates:

\*Certain types of employment and professions are exempt from the Rehabilitation of Offenders act 1974 and in those case particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only considered where, the reasonable opinion of Agency Drivers (UK) Ltd, the office is relevant to the post to which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

### Permission to work in the UK

Do you have immigration permission to work in the UK? YES / NO

In line with UKBA guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by Agency Drivers (UK) Ltd for temporary work.





**Health and Disability**

The following questions on Health and Disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment services and to find out your needs in order to perform the job or position sought.

Do you have any health issues or disability relevant which may make it difficult for you to carry out functions which are essential for the essential for the role you seek? YES / NO

If yes, please state:

If you have a disability what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview or to take aptitude tests etc?

Please state:

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed to potential employers.

Signature: .....

Full Name: .....Date.....



## Temporary Worker Rules and Regulations

**PPE** – All temporary workers must wear a high visibility jacket along with steel toe capped boots.

**Personal Care** – All temporary workers must maintain a high level of hygiene and dress appropriately when working for our clients.

**Professional Drivers** – Drivers must have all three parts of their licence when working. Drivers are solely responsible for their daily and weekly rest break. Rest breaks are not paid.

**Timesheets** – Timesheets are proof of work and are temp’s responsibility. All signed timesheets must be sent over to [timesheets@agencydrivers.co.uk](mailto:timesheets@agencydrivers.co.uk) by Monday before 10am. Late timesheets will be paid the following week. Unsigned timesheets will not be paid until signed. No timesheet means no pay.

**24/7 Operation Line** – Agency Drivers (UK) Ltd operates 24/7 for any issues call our landline 01483 302030.

**Absences, Lateness or Sick Leave** – If you are not going into work, running late for a shift, or unable to make it into work due to being sick, you must call the 24/7 Operation Line above immediately.

A copy of this document will be provided.

I agreed to all of instructions and agree to the terms above. I am aware failure in complying with the Rules and Regulations may result in a termination of employment.

Signature: .....

Full Name: .....Date.....