

REGISTRATION FORM

Please complete this form answering all questions in full, using BLOCK CAPITALS and in black or blue ink.

Return to: Securicall Guarding Ltd, Llanelli Gate Business Park, Dafen, Llanelli SA14 8LQ

FAX: 01554 749 993

E-mail: securitycontrol@securicallguarding.co.uk

PERSONAL INFORMATION

Surname:		Forename(s):	
Current Address:			
Postcode:			
How long at this address?		Years	Months
		Status: Owner <input type="checkbox"/> Renting <input type="checkbox"/> Parents <input type="checkbox"/> Lodging <input type="checkbox"/> Other <input type="checkbox"/>	
Home Telephone:		Mobile Telephone:	
Email:			
Emergency Contact name, telephone numbers and relationship:			

We require your address details for the past 10 years. Please list addresses on separate sheet if necessary.

Date of Birth:	Age:	NI Number:
Sex:	Marital status:	Dependants:

Full UK Driving Licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Number:
Own transport? (please state car, motorbike etc)
Detail any endorsements:

Have you ever been fined, imprisoned, placed on probation, discharged on payment of costs or had any order made against you by a criminal, civil, military or public authority (excluding motoring offences)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered YES above please give full details:	
All declarations are subject to the Rehabilitation of Offenders Act	

EDUCATION & QUALIFICATIONS

Secondary School:	Date From:	Date To:
College / University:	Date From:	Date To:
Exams & Qualifications:		

EMPLOYMENT HISTORY

Starting with your MOST RECENT period of employment, self employment or unemployment please provide details of your employment history. Include all dates, showing months and years. Where there are gaps, explain what you were doing and give a personal reference for the time in question. Give complete addresses including postcodes.

Date From:	Date To:
Company Name:	
Address:	
Postcode:	Telephone:
Position Held:	Reporting To:
Salary / Hourly Rate:	

Date From:	Date To:
Company Name:	
Address:	
Postcode:	Telephone:
Position Held:	Reporting To:
Salary / Hourly Rate:	

Date From:	Date To:
Company Name:	
Address:	
Postcode:	Telephone:
Position Held:	Reporting To:
Salary / Hourly Rate:	

We require your complete work history for the previous 10 years. Please use separate sheet if necessary. Periods of unemployment or sickness must also be accounted for.

EQUAL OPPORTUNITIES

Securicall Guarding operates an equal opportunities policy, which means that we will not knowingly discriminate, directly or indirectly, against people on the grounds of their sex, marital status, age or disability, or on the grounds of race, colour, national origin or political opinions or religious beliefs. Securicall Guarding will not discriminate in advertising, selecting, offering training or providing benefits and services. Every vacancy will be open to those who have the required qualifications. The following is for monitoring purposes and is voluntary. If you do not wish to complete this section it will in no way prejudice your application.

Country of Birth:

Religion:

Ethnic Origin

<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian
<input type="checkbox"/> Black African	<input type="checkbox"/> Irish
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Black Other	<input type="checkbox"/> White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other

Do you require a Home Office Work Permit, Visa etc to work in the UK? Yes No

If yes please give details, and provide copies of documentation for verification:

PERSONAL REFERENCES

Please give details of two people, other than family, and former employers, who have known you for at least five years, whom we may approach for a character reference.

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Time Known:	Time Known:

SELF EMPLOYMENT

If you have stated any periods of self employment, please give two trade references who may verify your details.

Name:	Name:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
Period of acquaintance and capacity:	Period of acquaintance and capacity:

SKILLS AND EXPERIENCE

OFFICE / CALL CENTRE				
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Accounts	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Payroll	<input type="checkbox"/> Credit Control
<input type="checkbox"/> Administration	<input type="checkbox"/> Call Centre	<input type="checkbox"/> Telesales	<input type="checkbox"/> Customer Services	<input type="checkbox"/> Secretarial
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Reception Duties	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Personal Assistant
SOFTWARE & APPLICATIONS				
<input type="checkbox"/> Microsoft Word™	<input type="checkbox"/> Microsoft Excel™	<input type="checkbox"/> Lotus™	<input type="checkbox"/> Powerpoint™	<input type="checkbox"/> Sage™
Please give details of any further skills, experience or professional qualifications you may have which are not listed above:				
PRODUCTION / WAREHOUSING				
<input type="checkbox"/> Picking and Packing	<input type="checkbox"/> Light Assembly	<input type="checkbox"/> Inspection / Fault Finding	<input type="checkbox"/> Production Line	
<input type="checkbox"/> Stock Control	<input type="checkbox"/> Goods Inward	<input type="checkbox"/> Goods Outward	<input type="checkbox"/> Stores	
<input type="checkbox"/> Heavy Assembly	<input type="checkbox"/> Electronics	<input type="checkbox"/> Food Manufacturing and Handling		
Please give details of any further skills, experience or professional qualifications you may have which are not listed above:				
CONSTRUCTION				
<input type="checkbox"/> Bricklaying	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing Welding	
<input type="checkbox"/> Pipework	<input type="checkbox"/> Site Management	<input type="checkbox"/> Fabricating	<input type="checkbox"/> General Labouring	
<input type="checkbox"/> Concrete Finishing	<input type="checkbox"/> Dry Lining	<input type="checkbox"/> Painting and Decorating	<input type="checkbox"/> Shuttering	
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Foreman	<input type="checkbox"/> Highway Maintenance	<input type="checkbox"/> Mechanical & Engineering	
<input type="checkbox"/> Plastering	<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Contracts Management	<input type="checkbox"/> Surveyors	
<input type="checkbox"/> Works Engineering				
ARE YOU IN POSSESSION OF ANY OF THE FOLLOWING CARDS / PERMITS?:				
<input type="checkbox"/> CSCS CARD	<input type="checkbox"/> CPCS CARD	<input type="checkbox"/> Site Safety Passport to Work		
Please give details of any other courses attended, further skills, experience or professional qualifications you may have which are not listed above:				

SECURITY

Please specify which license you hold.

<input type="checkbox"/> Security Guarding	<input type="checkbox"/> Door Supervisor
<input type="checkbox"/> Close Protection	<input type="checkbox"/> Public Space (CCTV)
<input type="checkbox"/> Cash and Valuable in Transit	<input type="checkbox"/> Vehicle Immobiliser
Number:	
Please give details of any other courses attended, further skills, experience or professional qualifications you may have which are not listed above:	

DISTRIBUTION / LOGISTICS				
<input type="checkbox"/> LGV Class 1	<input type="checkbox"/> LGV Class 2	<input type="checkbox"/> Non-LGV 7.5 Tonne	<input type="checkbox"/> Non-LGV 3.5 Tonne	<input type="checkbox"/> ADR
<input type="checkbox"/> HIAB	<input type="checkbox"/> Rigid Vehicle	<input type="checkbox"/> Light Van	<input type="checkbox"/> PSV	<input type="checkbox"/> Flat Bed
<input type="checkbox"/> Low Loader	<input type="checkbox"/> Plant Operators	<input type="checkbox"/> Excavators	<input type="checkbox"/> Dump Driving	
<input type="checkbox"/> Fork Lift Truck (if yes, please specify licence and type of truck used)				
Please give details of any other courses attended, further skills, experience or professional qualifications you may have which are not listed above:				

ADULT TRAINING ELIGIBILITY

<input type="checkbox"/> Have you been registered unemployed for six months or more ?	<input type="checkbox"/> Have you been the victim of large scale redundancy in the last six months ?
<input type="checkbox"/> Are you registered disabled, or do you have a long-term health problem e.g asthma etc ?	<input type="checkbox"/> Have you recently left the armed forces ?
<input type="checkbox"/> Are you returning to work after a break of 2 years or more ?	<input type="checkbox"/> Are you a single parent ?

Office use only

HEALTH DETAILS

Are you in a good state of health Yes No If no, please give full details on a separate sheet

Please complete the following medical questionnaire below. The information is required with your interests in mind. As a result of the information you have given you may be referred to a doctor appointed by the company so that a medical examination can be carried out.

A. HAVE YOU EVER (please tick as appropriate)	Yes	No	PLEASE GIVE DETAILS
Been seriously injured whilst at work?	<input type="checkbox"/>	<input type="checkbox"/>	
Become ill as a result of your work?	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation?	<input type="checkbox"/>	<input type="checkbox"/>	
Been refused or dismissed from work for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	
Been refused a drivers licence because of ill health?	<input type="checkbox"/>	<input type="checkbox"/>	
Received in-patient treatment for physical or mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	
Received a disability pension?	<input type="checkbox"/>	<input type="checkbox"/>	
Been registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>	

B. HAVE YOU EVER HAD	YES	NO	(please tick yes or no)	YES	NO
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Anaemia	<input type="checkbox"/>	<input type="checkbox"/>
Swelling of legs or ankles	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Headaches (frequent)	<input type="checkbox"/>	<input type="checkbox"/>	Period or prostate problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Chest trouble	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	Stress	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Rupture / Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy / fits	<input type="checkbox"/>	<input type="checkbox"/>	Skin rashes / eczema	<input type="checkbox"/>	<input type="checkbox"/>
Back trouble	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Fainting or dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Nerve trouble	<input type="checkbox"/>	<input type="checkbox"/>
Do you take medicine regularly?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked in a dusty trade?	<input type="checkbox"/>	<input type="checkbox"/>	Do you need glasses to read?	<input type="checkbox"/>	<input type="checkbox"/>
Vibration white finger	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive strain injury (RSI)	<input type="checkbox"/>	<input type="checkbox"/>

C. To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed and the information is incorrect, it may be a cause for dismissal. Yes No (if yes please give full details on a separate sheet)

Signed:

Date:

Name:

Date of Birth:

FORM OF AUTHORITY

I: (print name)		have read and agreed with the information written above, and consent to	
Doctor:		of: (address)	
		Post code:	
to release information regarding my health in connection with my application for a job with Securicall Guarding of Llanelli Gate Business Park, Dafen, Llanelli. Carmarthenshire. SA14 8LQ			
Signed:		Date:	
Address:			
		Post code:	

BANK DETAILS

Securicall Guarding operate a system whereby your wages can be paid directly into your bank or building society account. Please provide your bank details.	
Bank or Building Society Name:	
Branch Address:	
Account Holders Name:	
Sort Code:	Account Number:
Roll Number:	

UNIFORM

Height:	Weight:
Waist:	Chest:
Inside Leg:	Collar
Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>	X Large <input type="checkbox"/> XX Large <input type="checkbox"/> XXX Large <input type="checkbox"/> XXXX Large <input type="checkbox"/>

VOLUNTARY OPT- OUT AGREEMENT – WORKING TIME REGULATIONS 1998

I agree that I may work for more than the average of 48 hours a week. If I change my mind, I will advise Securicall Guarding in writing 3 months in advance.

Applicant signature:	
Full Name:	Date:

When are you available to start work? (dd/mm/yy)
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DECLARATION

Please read this statement carefully prior to signing.

1. If I am offered a placement with Securicall UK Ltd, I understand I will be on probation for a period of sixteen weeks.
2. During the probationary period I may terminate my placement by giving Securicall UK Ltd no less than one week's notice, or by Securicall UK Ltd giving me no less than one day's notice.
3. I understand continued placement is conditional upon satisfactory vetting, suitability to the role and medical fitness.
4. I authorise Securicall UK Ltd to approach current employers and their clients, former employers and their clients, personal referees, government agencies and trade referees in order to verify the information supplied by me in the document.
5. Should I leave Securicall UK Ltd during or subsequent to the probationary period, the Company reserves the right to reclaim from any payment outstanding to me, monies owed to the company in respect of training and unreturned uniform
6. I will notify the company of any change in my personal circumstances within 72 hours of that change occurring.
7. I agree to have wages credited to my bank account.
8. I authorise Securicall UK Ltd to carry out CRB (Criminal Records Bureau) and Credit Reference Checks at any time during my placement.
9. I have not withheld or failed to disclose any information which may be relevant to this application.

After you have read and understood the above section, please complete and sign the declaration:

I(full name in capitals) certify that to the best of my knowledge, the information given in this registration document is true and complete. I have never been convicted of any civil or criminal offence, or dismissed from employment for misconduct. I fully understand the consequences which may arise as a result of knowingly making a false declaration to gain placement or pecuniary advantage.

I accept I may be required to undergo a medical examination if requested by Securicall UK Ltd, and the results divulged to the company's managers and Director.

The information given to Securicall UK Ltd in this form will be processed only by Securicall UK Ltd for the purpose of considering your application for registration. If you are successful, the contents of this form will be transferred to a personnel file and retained for a period of no less than 6 years after placement ceases. If unsuccessful, your information will be retained for one year.

Applicant Signature:	
Full name:	Date

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