

LIM Recruitment Registration Pack



Complete as appropriate and attach a recent passport sized photograph to your application form.

<p>Agency Personnel applying to work with Lincs Ironmasters Ltd are required to provide the following personal details, some of which may be used to confirm to client companies relevant fitness, skill, experience and competence to carry out the work required. The information will be held in accordance with the Data Protection Act and only used for the above stated purposes.</p> <p>Failure to provide the information requested on the form will render the person ineligible for work with Lincs Ironmasters Ltd.</p>	<p>Fill out online, save to your computer, then submit at www.lincsirosmasters.co.uk/recruitment/submit/</p>
--	--

First Name(s):		D.O.B.:	
Surname:		Gender:	
Telephone:		NI No.:	
Mobile:		Email:	
Current Address: Street 1: Street 2: Town: County: Post Code:			
Emergency Contact (Please ensure that the nominated person is reachable in an emergency):		Next of Kin: Is this the same as your Emergency contact: (If No, please complete below).	
Name:		Name:	
Relationship:		Relationship:	
Address; Street 1: Street 2: Town: County: Post Code:		Address; Street 1: Street 2: Town: County: Post Code:	
Telephone		Telephone (Home):	
Telephone		Telephone (Mobile):	
Telephone (Work):		Telephone (Work):	

Opt out Form from the 48 hourly average week.

Opt-out agreement: Iagree that I may work for more than an average of 48 hours a week. If I change my mind, I will give Lincs Ironmasters Ltd up to 3 months' notice in writing to end this agreement.

Signed:..... Dated:.....

Qualifications/Certificates/Licences



Please provide documentary evidence of any qualifications/certificates/licences you hold.

Complete as appropriate:

1: Qualifications e.g.: NVQ3, C&G, Modern Apprenticeship, Indentures, etc.

Main Trade/Craft:		
Course details:	Date:	Qualification gained:

2: Named Certificates e.g.: MEWP, FLT, Drivers Licence, Manual Handling, IPAF, Slings, Rigging, etc.:

Licence/Cert obtained:	Date:	Details (e.g.: validity/type):
Drivers are required to inform LiM of any penalty/prohibition which may restrict you from driving company vehicles.		

3: Safety Training - Provide details of passports, safety training, first aid, etc:

Details:	I.D. Number:	Expiry Date:
Safety Passport ECITB/CCNSG		
Personal Track Safety Sentinel Card		
PTS Medical		
First Aid		
Other		

4: Additional Information: Do you hold any induction cards on client sites, eg: TATA/LOR/Novartis:

Company:	Induction Date:	Company:	Induction Date:
Additional Skills/Information:			

I, the above named person, have read the information above and certify that the information contained on this form is correct.

Print Name: _____ Signed: _____ Date: _____

LiM Office Use only:

GRADE: _____ Rates of Pay: N/T: £ _____ OT1: £ _____ OT2: £ _____	NS01-CS Complete: <input type="checkbox"/>	Employee Start Date: ____/____/____ Managers Signature: _____ Date: ____/____/____
--	--	---

Health Surveillance:

(You may have completed similar forms previously; however, we need to ensure records are frequently reviewed)

Job Title: _____

Please complete this form to the best of your knowledge. Indicating 'Yes' does not mean that you are unfit for the work you have applied for but we need this information to ensure you are not exposed to any work environments which may prove deleterious to any health conditions you may have. Providing the information allows LiM to set work appropriately.

Do you have any of the following conditions?

Please tick the appropriate column & provide details where the answer is Yes.

	Yes	No	Brief details:
Heart or Circulation Problems			
Chest Disorders			
Epilepsy			
Asthma			
Vibration White Finger			
*Monocular Vision			
Hearing Difficulties			
Vertigo, Dizziness or Balance Disorders			
Any condition requiring Medication			
Any other medical or health conditions which are likely to affect your ability to carry out your duties safely.			

*If Yes is ticked against Monocular Vision, please complete a Monocular Vision Form. Persons with monocular vision are required to wear eye protection to protect their vision even when there is no specified risk of injury.

Declaration:

I confirm that the above answers are correct to the best of my knowledge and understand that I should inform my employer of any health changes to my declaration. I understand that if I have withheld information regarding a known health condition, for which there is available safeguards to prevent workplace exposure that may be injurious to me, it is my responsibility.

Print Name: _____

Signature: _____

Date: ___/___/_____

Managers Signature: _____

Date: ___/___/_____

Office Use Only: