



# Leda

## Technical Division

### CANDIDATE APPLICATION FORM

(Please complete in BLOCK CAPITALS and in ink)

#### Personal Details

Title: Mr Mrs Miss Other (please state):	Role/Title:	Temp/Perm
Surname:	First name(s):	
Address Line 1:	Date of Birth:	
Address Line 2:	Nationality:	
Town:	NI Number:	
County:	Do you require a Work Permit to work in the UK: Y / N	
Post Code:	If yes, do you hold a valid Work Permit: Y / N	
Home Tel. Number:	Expiry Date : / / Permit Number:	
Mobile Tel. Number:	Are you registered disabled? Y / N	
Fax Number:	If so state disability:	
e-mail Address:	Do you have any unspent convictions in relation to the Rehabilitation of Offenders Act 1974? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full British Driving Licence: Y / N Own Transport: Y / N	If yes, please provide details:	
Details of any driving endorsements:		
Marital Status:		
Which (if any) Trade Union do you belong to:		

Failure to disclose unspent convictions may render your application invalid.

#### Bank Details (For security reasons we strongly recommend paying into your own account)

Name & Address of Bank / Building Society:	
Account Number:	Roll Number (B/S only):
Sort Code:	Account Holders Name:

I agree that any monies are to be paid into the Bank / Building Society account shown above. Should any information given by me be incorrect, I agree to wait until funds have been returned before the company makes the re-issuing of monies.

#### Limited Company (If applicable)

Company Name:	Ltd Company Registration Number:
Address Line 1:	VAT Reg. Number:
Address Line 2:	CIS Card Holder: Y / N
Address Line 3:	UTR Number:
Town:	Start Date:
County:	Expiry Date:
Post Code:	Card Status:

#### Emergency Contact Details

Full Name:			
Address:			
Post Code:	Relationship:		
Home Tel. Number:	Mobile Tel. Number:		

**Certification (If applicable)**

I have attended an Emergency First Aid Course:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Expiry:	<input type="text"/> / <input type="text"/> / <input type="text"/>
I have attended a First Aid At Work Course:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Expiry:	<input type="text"/> / <input type="text"/> / <input type="text"/>
I have CSCS certification:	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
My Registration Number:	<input type="text"/>		Expiry:	<input type="text"/> / <input type="text"/> / <input type="text"/>
I have CITB SMSTS certification:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Expiry:	<input type="text"/> / <input type="text"/> / <input type="text"/>
I have the following professional qualifications	<input type="text"/>			
Other (Specify): .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Expiry:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please enclose photocopies of any certificates

**Declaration**

• I authorise Leda Recruitment to take up references and to communicate the details of such references necessary in the course of finding suitable temporary assignments or permanent employment.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• I agree that copies of my qualifications/certificates may be forwarded to clients on their request.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• I consent to my details being entered onto the Leda Recruitment Database.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• I accept my performance & competencies will be subject to spot checks.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• I acknowledge I am eligible to work in the UK.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• I hereby confirm my agreement with Leda Recruitment to waive the restrictions on the 48 hour average weekly working time as set out in the Working Time Regulations 1998. I understand that this agreement can be terminated by me giving not less than 4 weeks notice in writing to Leda Recruitment.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Should my engagement with Leda Recruitment terminate, my entitlement to paid annual leave where applicable will be calculated in line with current legislation. I will refund to Leda Recruitment any payments received by me in excess of my entitlements on the date of termination and agree to Leda Recruitment deducting any such payments from my final pay or any other monies owing to me.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• I have read, understood and completed the following attachments as defined by Leda Recruitment.	Tick	
1) Opt-Out of 48 Hour Working Week Agreement	<input type="checkbox"/>	
2) Health Assessment Questionnaire	<input type="checkbox"/>	
3) Terms of Engagement	<input type="checkbox"/>	
• I have attached copies of two or more of the following documentation		
1) Passport or Identity Card	<input type="checkbox"/>	
2) National Insurance Number (p45, P60 etc)	<input type="checkbox"/>	
3) Full birth certificate - UK	<input type="checkbox"/>	
4) Work Permit - Issued by the Home Office	<input type="checkbox"/>	

Applicant Signature:	Date:
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**For Office Use Only**

Interview Notes:
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**Check List**

Bank Details verified:	Y / N	CSCS Number:	Y / N
Terms of Engagement issued:	Y / N	CITB SMSTS Number:	Y / N
References applied for:	Y / N	Safety Passport Number:	Y / N
Passport / Birth Certificate:	Y / N	Compliance Spreadsheet Completed:	Y / N
Proof of NI Number:	Y / N	Overseas eligibility to work in the UK documents	Y / N
Driving Licence:	Y / N		
Branch:			
Successful in application for registration:	Y / N		

If no, give reasons:
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Consultant Signature:	Print Name:	Date:
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