

# REGISTRATION FORM

## UK PREMIER ACADEMY LTD

**Tel: 0208 090 7037      Fax: 0208 684 7532      E-Mail: ukpremieracademy@yahoo.co.uk**

**ENSURE YOU READ THIS ADVICE THOROUGHLY BEFORE COMPLETING THIS FORM**

Completing this Application Form accurately is extremely important. Missing information or inaccurate addresses/telephone numbers wastes a great deal of time. Unfortunately due to the vast number of applications we receive, any Application Form that is **not** completed properly will be rejected prior to interview.

### 1. PERSONAL INFORMATION

**SURNAME:**

**FIRST NAMES**

*picture*

**Current Address::**

From (Date)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Post Code

**TELEPHONE:**

**MOBILE NO:**

**CURRENT DRIVING LICENSE:**

**YES   NO   (circle)**

**CAR OWNER:**

**YES   NO   (circle)**

**NATIONAL INSURANCE No**

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### 2. LIST PREVIOUS ADDRESSES FOR LAST 5 YEARS (Attach separate sheet, if necessary)

ADDRESS	FROM (DATE)	TO (DATE)

### 3. PERSONAL DETAILS

**a) MARITAL STATUS (Tick)**

**MARRIED**

**DIVORCED**

**SINGLE**

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**b) DATE OF BIRTH**

DATE OF BIRTH

AGE

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**c) WHERE WERE YOU BORN:**

- If born in the U.K. you are not required to complete question (d)

PLACE

**d) IF BORN OUTSIDE U.K. DATE YOU ENTERED U.K.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Port of Entry \_\_\_\_\_

**ELIGIBILITY TO WORK IN THE U.K. (IF BORN OUTSIDE U.K.)**

**IMPORTANT! YOU MUST ATTACH COPY OF PASSPORT, TOGETHER WITH COPY OF VISA OR WORK PERMIT OR OTHER PROOF OF ELIGIBILITY TO WORK IN U.K.**

### 4. NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:

NAME	RELATIONSHIP	PARENT	WIFE/HUSBAND

Lombard House, 2 Purley Way, Croydon. CR0 3JP. Tel: 0208 090 7037 Fax: 0208 684 7532

# REGISTRATION FORM

	<b>PARTNER</b>
<b>TELEPHONE NUMBER IN AN EMERGENCY</b>	

## 5. SIA LICENSING DETAILS

<b>LICENSE NO.</b>	<b>EXPIRY DATE</b>

## 6. CRIMINAL OR CIVIL OFFENCES

HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED. YES/NO if answer YES please specify

DO YOU HAVE ANY MOTORING OFFENCES YES/NO if answer is YES please specify

<b>Details</b>

## 7. PERSONAL REFEREES

PLEASE GIVE DETAILS OF TWO PEOPLE, OTHER THAN FAMILY WHO HAVE KNOWN YOU FOR A MINIMUM OF **2 YEARS** WITHIN THE PAST **5 YEARS** WHO WE CAN APPROACH FOR A REFERENCE (can be ex-employer). Relatives or persons living at the same address cannot be refereee.

<b>Name:</b>
<b>Address:</b>
<b>Post Code</b>
<b>TEL NO:</b>

<b>Name:</b>
<b>Address:</b>
<b>Post Code</b>
<b>TEL NO:</b>

## 8. MEDICAL INFORMATION

<b>DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY</b> YES    NO    (circle)	<b>IF SO, PLEASE SPECIFY (use separate sheet, if necessary)</b>

## 9. BANK DETAILS

## 10. UNIFORM DETAILS

# REGISTRATION FORM

Bank Name :

Sort Code        -        -

Account No. \_\_\_\_\_

Roll No. \_\_\_\_\_

Account Name:

SHIRT/BLOUSE/JACKET

Neck Size \_\_\_\_\_ Chest Size \_\_\_\_\_

TROUSERS

Waist Size \_\_\_\_\_ Leg Length \_\_\_\_\_

## 11. LAST 5 YEARS EMPLOYMENT & UN-EMPLOYMENT HISTORY ONLY

EMPLOYERS NAME, ADDRESS, (INC. POSTCODE) AND TELEPHONE NO	DESCRIBE YOUR JOB	DATE STARTED (include months)	DATE FINISHED (Include months)	REASON FOR LEAVING

### READ THIS SECTION CAREFULLY BEFORE YOU SIGN THIS STATEMENT

12. DURING THE PROBATIONARY PERIOD YOUR EMPLOYMENT MAY BE TERMINATED BY THE "COMPANY" GIVING NO LESS THAN 24 HOURS SELF-EMPLOYED THERE WILL BE NO NOTICE.

#### STATEMENT TO BE SIGNED BY THE APPLICANT

I (Print name) \_\_\_\_\_ CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN IS COMPLETE AND CORRECT AND I UNDERSTAND THAT MISREPRESENTATION OF FACTS IS GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE FOR PROSECUTION. I AUTHORISE THE COMPANY TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED (I GIVE PERMISSION FOR MY PRESENT EMPLOYER TO BE APPROACHED). YES/NO BY SIGNING THIS DOCUMENT THE APPLICANT AGREES THAT THE COMPANY CAN CARRY OUT RELEVANT CHECKS TO CONFIRM WHETHER THE APPLICANT HAS BEEN MADE BANKRUPT OR HAS ANY COUNTY COURT JUDGEMENTS.

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**CONFIDENTIALITY AGREEMENT**

I AGREE NOT TO DISCLOSE ANY CONFIDENTIAL INFORMATION GAINED DURING OR AFTER EMPLOYMENT WITH THE COMPANY ABOUT THE CLIENTS OR THE COMPANY TO ANY 3<sup>rd</sup> PARTY. THE COMPANY SHALL BE ENTITLED TO APPLY FOR AN INJUNCTION TO PREVENT SUCH DISCLOSURES OR USE TO SEEK ANY OTHER REMEDY INCLUDING, WITHOUT LIMITATIONS, THE RECOVERY OF DAMAGES IN CASE OF SUCH DISCLOSURES OR USE

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

## FOR OFFICE USE ONLY

**13. INDUCTION TRAINING** (To be provided by the person carrying out the interview)

Company Profile	Uniform issue	Non-Attendance
Management Structure	Site Instructions	Booking On & Off duty
Feedback	Customer Care	
Invoice Queries	Pay	Code of Conduct

**Applicant to Print name**..... **Signature**.....

**14. SENSE TESTS**

SMELL	PASS	FAIL
COLOUR BLINDNESS	PASS	FAIL
HEARING	PASS	FAIL
Height	Feet	Inches
Weight	KG	S/Lbs

**Tested by Signature**..... **Date**.....

**15. INTERVIEWED BY**

.....  
Print name

.....  
Signature

**16. START DATE**

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