

**PERSONAL DETAILS**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_ Contact number \_\_\_\_\_

Date of Birth \_\_\_\_\_ National Insurance \_\_\_\_\_

Date of Application \_\_\_\_\_ Position Sought \_\_\_\_\_

**NEXT OF KIN DETAILS**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact number \_\_\_\_\_

**BANK DETAILS**

Account holder name \_\_\_\_\_

Bank or Building Society \_\_\_\_\_

Building Society Reference No \_\_\_\_\_

Sort code \_\_\_\_\_ Account number \_\_\_\_\_

**CRIMINAL CONVICTIONS**

Do you have any unspent convictions that you must declare under the Rehabilitation of Offenders Act 1974?  
YES / NO (please delete as appropriate). If 'Yes', please outline conviction states and dates:



EMPLOYMENT HISTORY

Please provide five continuous years of employment history. If there are any gaps in your employment, please provide those details. AFE will require at least two references from the below.

Company \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ End \_\_\_\_\_

May AFE request a reference from this person/company? Yes / No (delete as appropriate)

Company \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ End \_\_\_\_\_

May AFE request a reference from this person/company? Yes / No (delete as appropriate)

Company \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ End \_\_\_\_\_

May AFE request a reference from this person/company? Yes / No (delete as appropriate)

Company \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ End \_\_\_\_\_

May AFE request a reference from this person/company? Yes / No (delete as appropriate)

Company \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ End \_\_\_\_\_

May AFE request a reference from this person/company? Yes / No (delete as appropriate)



## IDENTIFICATION & RIGHT TO WORK

Please provide the following:

- Valid proof of identification – for example passport or ID card.  
**(A Driving Licence is not proof of ID)**
- Proof of Address dated within the last three months. Paper or electronic, utility bill or bank statement.
- If required, any documentation confirming your right to work in the UK - for example, a Home Office letter or a work visa.

## POLICIES & PROCEDURES HANDBOOK

It is very important that you familiarise yourself with our policies and procedures whilst working through us. These are available from our company website at [www.aferecruitment.co.uk](http://www.aferecruitment.co.uk). If you do not have access to the internet, a hard copy can be made available to you by contacting the office on 01707 655 194.



**HEALTH DECLARATION**

	Yes	No
Do you need any special aids / adaptations to assist you at work, whether or not you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a medical condition or disability which may affect your ability to carry out your proposed work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for, treatment or investigation of any kind at present?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever left a previous employment through ill-health or a work related injury or condition?	<input type="checkbox"/>	<input type="checkbox"/>

**If you are happy to be considered for night shifts, please complete all of the below:**

	Yes	No
Do you suffer from diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you require insulin?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from a heart condition or circulatory disorder?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does this affect your physical stamina and your ability to do physical work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any stomach or intestinal disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any conditions where the timing of a meal is important?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any medical conditions that could affect your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any chronic chest disorders, whereby night-time symptoms are particularly troublesome?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any medical conditions requiring regular medication at set times?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any mental health illnesses?	<input type="checkbox"/>	<input type="checkbox"/>



REFERENCE REQUEST FORM

COMPANY ONE

Company Name

---

Managers Name & Position

---

Applicants Name

---

Date \_\_\_\_\_

Good    Average    Poor

Employed as

---

Time keeping

Employment Dates

Attendance Record

From \_\_\_\_\_ To \_\_\_\_\_

English Language  
Comprehension

COMPANY TWO

Company Name

---

Managers Name & Position

---

Applicants Name

---

Date \_\_\_\_\_

Good    Average    Poor

Employed as

---

Time keeping

Employment Dates

Attendance Record

From \_\_\_\_\_ To \_\_\_\_\_

English Language  
Comprehension



## REGISTRATION PACK CHECKLIST

### CANDIDATE FORMS

Medical Form with Emergency Contact Details

5 Year Activity History Covered

Bank Details

Test & Score \_\_\_\_\_

Candidate Interviewed By \_\_\_\_\_

### CANDIDATE DOCUMENTS

Passport/Birth Certificate or EU ID Card (for all UK/EU Passport Holders)

EU Immigration Status

ILR Visa (for all Non-UK/EU Passport Holders)

Proof of Address

Proof of National Insurance Number

Proof of Personal Bank Account

References

### CONSULTANT

*I verify that all documents have been provided and forms have been signed and completed:*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_