

REGISTRATION FORM

(Please complete this form using BLOCK CAPITALS)

SECTION 1: Personal details

Title: Mr Mrs Ms Miss Other* *Please specify
(Please tick as appropriate)

First name: Surname:

Address:
Postcode:

Telephone: Home: Mobile:

Email:

Please tick this box if you would prefer to receive your payslips by email

Date of birth: / / Sex: Male Female (Please tick as appropriate)

National Insurance Number: Profession:

Tax Reference / UTR Number: Nationality:

SECTION 2: Bank details

Name of Bank or Building Society:

Sort code (6 digits): Account number (8 digits):

Building society reference number: (16 digits):

Name of account holder/s:

There are two methods of payment – Cheque or Faster Payment. Please choose your preferred method by ticking the appropriate box.

I request that Futurelink make my payments by: Cheque Faster Payment

If any changes are required to your bank details, these must be notified in writing.

SECTION 3: Agency/invoicing details

Current agency name:

Current agency address:
Postcode:

Telephone:

Agency contact email:

Agency contact name:

How did you hear about our services?

Referred Name of referee

Online Search engine / website

Advertising Publication

Other Please specify

SECTION 4: Insurance

We have various insurance policies and packages to cover you depending on the nature of your assignment. Please answer these four questions and we'll contact you to discuss the policy you'll need:

Do you have your own Personal Accident Insurance? Yes No

Does your assignment include Safety Critical work? Yes No

Will you be engaging in any offshore work? Yes No

Is there any other information you are aware of that may affect your insurance cover? Yes No

If yes, please give details:

If you have your own Personal Accident Insurance we must see a copy of your insurance certificate, otherwise you may still be charged £2.50 per week to be covered under our policy.

SECTION 5: Agreement to terms

1. I declare that the information given is accurate and that I have not wilfully withheld any information that would disqualify my application.
2. I confirm that I am lawfully able to work in the UK.
3. I have enclosed a copy of my passport/work permit/visa (delete as applicable). I further understand that my registration will not be fully complete until I have provided copies of my identification.
4. I agree to notify The Company in writing immediately of any changes to my passport, work permit or visa.

Under the provisions Data Protection Act 1998, the Company processes data and information about individuals both on computer and in paper files for certain purposes, including (but not limited to) administering personnel and pay records. By completing and signing this Registration Form, I am consenting to the Company holding and processing personal data (and sensitive data).

I further agree to such data being released to third parties such as insurance providers where necessary and for marketing and promotional purpose, unless I have ticked the following box:

I have read and accept the terms set out in the Futurelink Terms and Conditions.

Signature: Date: / /

Please return in the enclosed envelope or fax to: 0845 620 9256