



STAFFING MATCH

**DRIVING APPLICATION FORM
STAGE TWO**

December 2019

Applicant Name _____

Driving Application Form

Employee Code: _____	Date of Registration _____
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Right to work <input type="checkbox"/>	Proof of bank details <input type="checkbox"/>	Proof of address <input type="checkbox"/>	Proof of NI <input type="checkbox"/>
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FIRST NAME(S)		SURNAME/FAMILY NAME	
MR / MISS / MRS / MS	GENDER:	PREVIOUS NAMES (IF APPLICABLE)	
TELEPHONENUMBER:		MOBILE NUMBER	
ADDRESS including postcode			
NATIONAL INSURANCE NUMBER _ _ _ _ _		Date of birth	
		NATIONALITY	
IN CASE OF EMERGENCY CONTACT NAME and number		Emergency contact RELATIONSHIP to you	
EMAIL ADDRESS			
DO YOU HAVE ANY UNSPENT CRIMINAL CONVICTIONS OTHER THAN ANY TREATED AS SPENT UNDER THE PROVISIONS OF THE REHABILITATION OF OFFENDERS Act 1974		Yes	No
DO YOU HAVE ANY COURT CASES PENDING AGAINST YOU?		Yes	No
DO ANY OF YOUR BELIEFS RESTRICT YOU FROM WORKING IN ANY PARTICULAR WORK OR ENVIRONMENTS?		Yes	No
WOULD YOU BE PREPARED TO TAKE A DRUG OR ALCOHOL TEST? (THIS IS A REQUIREMENT FOR SOME OF OUR CLIENTS)		Yes	No
ARE YOU HAPPY TO ALLOW US TO PROVIDE YOUR DATA TO CLIENTS FOR THE PURPOSE OF WORK FINDING ACTIVITIES?		Yes	No
IS THERE ANY TYPE OF WORK THAT YOU DO NOT WISH TO DO OR COMPANIES THAT YOU DO NOT WISH TO WORK FOR?		Yes	No
HAVE YOU PAID ANYONE TO ASSIST YOU TO COME TO THE UK? (NON-UK CANDIDATES)		Yes	No
HAVE YOU PAID ANYONE TO ASSIST YOU TO ATTEND THIS INTERVIEW?		Yes	No
DOES ANYONE ELSE HAVE ACCESS TO YOUR BANK ACCOUNT?		Yes	No
DO YOU HAVE PPE FOR THE ROLE APPLIED FOR OR WOULD YOU LIKE THIS TO BE PROVIDED TO YOU		I HAVE MY OWN PPE	PLEASE PROVIDE PPE

I authorise SM Global to contact my former employers, educational establishment, government agencies and personal referees for verification of the information provided I conform that the information I have given on this form is, to the best of my knowledge and belief complete and accurate, and accept that any misrepresentation of the above may lead to refusal of any work offered by SM Global

Name _____ Signature _____ Date _____

BANK DETAILS – PLEASE PAY MY WAGES INTO THE FOLLOWING ACCOUNT. N.B. WAGES MAY ONLY BE PAID INTO OWN OR PERSONAL JOINT ACCOUNT

BANK NAME		ACCOUNT NAME	
ACCOUNT NUMBER		SORT CODE	
PERSONAL EMAIL ADDRESS (ESSENTIAL AS YOUR PAYSリップ WILL BE EMAILED TO YOU)			
I UNDERSTAND AND ACCEPT THAT MY PAYSリップ WILL BE SENT TO ME ELECTRONICALLY AS AN E-PAYSリップ TO THE ABOVE EMAIL ADDRESS ✓			

YOUR PRESENT CIRCUMSTANCES (Read the following statements carefully and enter 'X' in the one box that applies to you)

		X
This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension	A	
This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or Incapacity Benefit. I do not receive a state or occupational pension	B	
I have another job or receive a state or occupational pension.	C	
STUDENT LOANS (ADVANCED IN UK) If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D as well as either A, B or C above. (If you are required to repay your Student Loan through your bank or building society account do not enter an 'X' in box D)	D	

Some of the jobs that we could place you in require a basic criminal records check (CRC).

EITHER: I authorise Staffing Match to obtain my basic CRC via a disclosure and barring service approved third party at a cost to myself:

Signature:

OR: I will obtain the CRC from the UK Disclosure and Barring Service and will pay for this service myself:

Signature:

I conform that the information I have given on this form is, to the best of my knowledge and belief complete and accurate, and accept that any misrepresentation of the above may lead to refusal of any work offered by SM Global

Name _____ Signature _____ Date _____

Questions for insurance purposes	Please Tick	
Do you hold a full driving licence with no unspent endorsements other than for speeding and/or parking offences to a maximum of 9 points?	Y	N
Have you held your LGV licence for a minimum of 2 years or more?	Y	N
You have stated above the type of licence you have. Have you worked as a LGV driver with this category of licence for more than 180 days in the past 2 years?	Y	N
Have you had anymore than 2 accidents in the past 3 years	Y	N
Please provide details of incidents if any		

I conform that the information I have given on this form is, to the best of my knowledge and belief complete and accurate, and accept that any misrepresentation of the above may lead to refusal of any work offered by SM Global

Name _____ Signature _____ Date _____

To Be completed By SM GLOBAL (Please Circle options)				
Licence Class	HGV1	HGV2	7.5Tn	Van/Other
Employment Status	LTD	UTR	PAYE	UMBRELLA CHOSEN
Business Bank Account Statement provided	YES	NO	N/A	
PAYE – Issued and signed Contract for Service	YES	NO	N/A	
SELF BILL OR Invoice If Applicable	SELF BILL	INVOICE	N/A	

HOME ADDRESS – 5 YEARS HISTORY REQUIRED

FULL HOME ADDRESS INCLUDING POST CODE	MONTH YEAR FROM/TO

PREVIOUS EMPLOYMENT/NON EMPLOYMENT HISTORY – 5 YEARS HISTORY REQUIRED

COMPANY/AGENCY/EDUCATION/OTHER – DATE ORDER (OLDEST FIRST)	JOB TITLE/STUDENT	FROM MONTH/YEAR	TO MONTH/YEAR	CONTACT DETAILS NAME AND ADDRESS

IF THERE ARE GAPS IN YOUR EMPLOYMENT HISTORY PLEASE COMPLETE BELOW

Dates of gaps in employment in date order	WHAT WERE YOU DOING DURING THIS TIME	HOW WERE YOU SUPPORTED	WHAT EVIDENCE DO YOU HAVE TO SUPPORT THIS?
GAP 1			
GAP 2			
GAP 3			

PLEASE PROVIDE DETAILS OF YOUR NOMINATED REFEREE WHO WILL BE ABLE TO VERIFY THE ABOVE – this person can not be a relation/colleague or live at the same address

Name of Referee	Relationship to you	Address	Email address	Telephone number
GAP 1				
GAP 2				
GAP 3				

Consultant Notes

I authorise SM Global to contact my former employers, educational establishment, government agencies and personal referees for verification of the information provided I conform that the information I have given on this form is, to the best of my knowledge and belief complete and accurate, and accept that any misrepresentation of the above may lead to refusal of any work offered by SM Global
 Name _____ Signature _____ Date _____

Reference Request Driving Division

Telephone		Email		Written	
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- ✦ Date:
- ✦ Referees Name:
- ✦ Position:
- ✦ Contact Number and Email:
- ✦ Applicants Name:

The above-named person has applied to Staffing Match for work. They have given us their permission to contact you. It would be very helpful if you could give your comments regarding their suitability.

- ✦ How long have you known this person?
- ✦ How do you know this person? E.g. friend/work colleague/ other
.....
- ✦ Could you please indicate below how you would rate this person - tick as appropriate.

	Excellent	Good	Average	Poor
Reliability				
Honesty				
Attitude to others				
Standard of driving				
Tacho knowledge				
Infringements				

- ✦ Do you know any reasons why Staffing Match should not offer work to this person?

Yes/No - delete as appropriate.

If **YES** please explain

.....

.....

.....

Are there any additional comments which you consider may be relevant to their application? e.g. particular skills or experience

.....
.....
.....

Please tick if you wish this statement to apply:

'I do not wish my identity as author to be disclosed'

Signature:

Date:

Name:

Enclosed is a stamped addressed envelope for your reply.

Thank you for this reference, your assistance is very much appreciated.

All information will be treated in the strictest confidence.

For and on behalf of Staffing Match

Self-Billing Agreement

This is an agreement to a self-billing procedure between

Customer name SM Global Ltd

VAT No: 174 056 804

Supplier Name _____ VAT No: _____

The self-biller (the customer) agrees:

1. To issue self-billing invoices for all supplies made to them by the self-billee (the supplier) until 12 months from today.
2. To complete self-billed invoices showing the suppliers name, address and VAT registration number, together with all the other details which constitute a full VAT invoice.
3. To make new self-billing agreement in the event that their VAT registration changes.
4. To inform the supplier if the self-billed invoices will be outsourced at a third party.

The self-billee agrees:

1. To accept invoices raised by the self-biller on their behalf until (insert either the end date being 12 months from today or the date your contract ends).
2. Not to raise a sales invoice for the transactions covered by this agreement.
3. To provide company registration certificate and VAT certificate
4. To notify the customer immediately if they:
 - A) Change their mind.
 - B) Cease to be VAT registered.
 - C) Sell their business, or part of their business.

Signed by _____

Signed by _____

On behalf of _____

On Behalf of _____

Date _____

Date _____

Medical Questionnaire

Staffing Match provides specialist recruitment and outsourcing solutions for the logistics and food sectors. This involves placements and engagements in warehouses, distribution centers and food production facilities. The work required includes the use of heavy items, warehouse machinery and the handling of food. Manual lifting, the handling of heavy items and food are intrinsic functions of the roles available with Staffing Match therefore, it will not be possible for these tasks to be avoided. As a result of this, Staffing Match is required to ask you a series of necessary questions about your health for the purpose of establishing whether you are able to perform those functions (with reasonable adjustments if you are disabled, if required). Staffing Match is also aware of its duty to make reasonable adjustments for disabled job applicants during the recruitment process, and these questions are necessary for establishing whether such adjustments are required.

Staffing Match is fully aware of its obligations under the Equality Act 2010 in respect of the request for this information and acts fully in compliance with the provisions of that legislation.

Please answer all questions and sign where indicated. The information you provide on this form will be treated with the highest levels of confidentiality.

Please tick the appropriate boxes -

1. Do you suffer from, or have you previously suffered from any of the following:

ALLERGIES	YES:	NO:	COMMENTS:
ANGINA	YES:	NO:	COMMENTS:
ASTHMA	YES:	NO:	COMMENTS:
ARTHRITIS	YES:	NO:	COMMENTS:
BACK, NECK OR SHOULDER PAIN	YES:	NO:	COMMENTS:
BRONCHITIS	YES:	NO:	COMMENTS:
BLADDER OR KIDNEY INFECTION	YES:	NO:	COMMENTS:
COLOUR BLINDNESS	YES:	NO:	COMMENTS:
DEFECTIVE VISION (That cannot be corrected by Spectacles)	YES:	NO:	COMMENTS:
DEPRESSION	YES:	NO:	COMMENTS:
DERMATITIS, PSORIASIS OR ECZEMA	YES:	NO:	COMMENTS:
DISCHARGE FROM, OR INFECTION OF THE EARS	YES:	NO:	COMMENTS:
DIABETES	YES:	NO:	COMMENTS:
DIARRHOEA, DYSENTERY OR FOOD POISONING	YES:	NO:	COMMENTS:
EPILEPSY	YES:	NO:	COMMENTS:
FAINTING OR BLACKOUTS	YES:	NO:	COMMENTS:
FREQUENT SORE THROAT	YES:	NO:	COMMENTS:
HEARING DIFFICULTIES	YES:	NO:	COMMENTS:
HEART CONDITIONS	YES:	NO:	COMMENTS:
HEPATITIS OF TYPHOID	YES:	NO:	COMMENTS:
HERNIA OR RUPTURE	YES:	NO:	COMMENTS:
HIGH BLOOD PRESSURE	YES:	NO:	COMMENTS:

IRRITABLE BOWEL DISEASE	YES:	NO:	COMMENTS:
MENTAL DISORDERS	YES:	NO:	COMMENTS:
NERVOUS DISORDERS	YES:	NO:	COMMENTS:
PERSISTENT HEADACHE OR MIGRAINE	YES:	NO:	COMMENTS:
RAYNAUD'S DISEASE	YES:	NO:	COMMENTS:
RECURRING CHEST PAIN	YES:	NO:	COMMENTS:
RECURRING GASTRIC PROBLEMS	YES:	NO:	COMMENTS:
RHEUMATISM	YES:	NO:	COMMENTS:
SCARLET FEVER OR RHEUMATIC FEVER	YES:	NO:	COMMENTS:
SHORTNESS OF BREATH (Brought on by moderate exertion)	YES:	NO:	COMMENTS:
SKIN PROBLEMS OR RASHES	YES:	NO:	COMMENTS:
STOMACH OR DUODENAL ULCERS	YES:	NO:	COMMENTS:
TUBERCULOSIS	YES:	NO:	COMMENTS:

2. If you are currently receiving any treatment from your Doctor or Hospital, or taking any medication which may affect your ability to perform the intrinsic requirements of the role, please provide details:

3. How many weeks absence from work, due to sickness or injury, have you had in the last 2 years?

- Up to 3
- 4+
- 8+

4. Have you travelled abroad in the last 12 months? Please circle

YES: NO:

If 'YES', Please state when and where:

Are you able to work nights? Please circle

4.

YES: NO:

If 'NO', please state why:

5. **Are Staffing Match Driver Recruitment required to make any adjustments on your behalf whilst you work nights?** Please circle

YES NO

6. **Have you in the past year had to consult your GP with any medical condition which may relate to working nights?** Please circle

YES NO

If 'YES', please provide details:

I understand and agree that the information sought in this questionnaire is necessary due to intrinsic requirements of the role for which I'm applying. I conform that the information I have given on this form is, to the best of my knowledge and belief true and correct.

I also declare I am fit and able to drive for Staffing Match and their clients as per medical advice from my medical practioner (GP)

SIGNED:

PRINT NAME:

DATE:

Please insert the dates the following categories were attained ?

B1	B	B-E	C1	C1-E	C	C-E	D1	D1-E	D	D-E

✦ Skills:

Tick the skills and business areas in which you have experience and would like to work:-

Vehicle Type	Operations	Equipment	Gear Box
Artic	International	Tail lift	Splitter
Rigid	Trunking	Refrigeration	Range change
Tilts	Tramping	Pallet loaders	Eps
Trailers	Nights Out	Skips	Pre - select
Draw Bar	Shunting	Rope & sheet	Power transfer
Aflame	Supermarkets	Chain & toggle	Other
Close coupled	Docks	Forklift(w.certificate)	
Demountable	Airports	Reach	Do you have (Please tick)
Tippers	Plant haulage	Counterbalance	Safety Boots
Tankers	Multi Drop	Narrow Aisle	Hi-vis vest
Low Loaders	Average Number of Drops	Lorry mounted	Uniform
Containers	Dray-work	Lorry loader (cert?)	
Bulk	Computerised delivery	Grab	
Van		Hook	
Single/Double Deck		Clamp	

I conform that the information I have given on this form is, to the best of my knowledge and belief complete and accurate, and accept that any misrepresentation of the above may lead to refusal of any work offered by SM Global

Name _____ Signature _____ Date _____

1. Declaration (all Drivers to Sign)

48-hour Limitation Waiver (Domestic Rules – Van drivers to complete)

The Working Time Regulations 1998 (the regulation) require the company to limit your average weekly working time to 48 hours, unless you agree with the company that the limit shall not apply to you.

The Company wishes to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that:

- a. The 48 hours on weekly working time will not apply to you.
- b. You may terminate the agreement (so that the 48-hour time limit would apply to you) by giving the person at the Company, to whom you usually report, 4 weeks written notice

Under the regulations, the company must keep records relating to your working time. This is the case whether you reach an agreement with the company about waiving working time limits.

If you accept the company's proposal, please sign below this document will then be the record of agreement between you and the company.

Signature.....

Name..... date.....

Health and Safety Declaration

Whilst working for Staffing Match I will (a) not use any machinery unless experienced and able, (b) not work on dangerous machinery (e.g. meat slicer) unless 18+ of age and supervised or experienced in the use of machinery.

I will ensure that at all times I will take every precaution to (a) avoid injury to myself and others, (b) prevent damage to any equipment/machinery.

I understand my responsibilities with regards to health and safety at work and have received Staffing Match's Health & Safety Policy.

Confidentiality Declaration

I will not at any time divulge to any person, nor use for my own or any other person's benefit, any confidential information in relation to the client or company or in relation to any of their employees, business affairs, transactions or finances which I may acquire during the currently of my agreement with the company under the terms.

Rehabilitation of Offenders Act 1947 Declaration

I declare that I have no previous/current nor pending criminal convictions other than those spent under the Rehabilitation of Offenders Act 1974.

Personal Declaration

I confirm that the information given on my application is correct and there is nothing further, about which I am aware, that should be taken into account when offering me work. Should the situation change whilst I am either, (a) engaged in a temporary assignment by Staffing Match (b) in between assignment for Staffing Match, I will immediately notify the relevant Staffing Match Branch. I understand that, should any information prove inaccurate, my assignment may be terminated.

I hereby authorise Staffing Match to seek references and I understand the information may be used to assist with my application for work. I also authorise Staffing Match to forward my Curriculum Vitae to Hirers to assist with my application for work.

I agree that information given on my application may be used for registration purpose under the Data Protection Act.

I also agree that should 'stop and search' be used on a client's premises, I shall comply with instructions.

I confirm the terms of these declarations and agree to be bound by them

As part of any recruitment process, the organisation collects and processes personal data relating to job applicants. The organisation is committed to being transparent about how it collects and uses that data and to meeting its data protection obligations.

Please review our privacy notice for information on your rights to erasure and process your personal data at <http://www.staffingmatch.co.uk/privacy-policy/>

Signature..... Print Name.....

Date.....

Driver's Declaration

- Have you at any time in the last five years been convicted of any offence? Y N
- Have you in the last 10 years had your licence suspended? Y N
- Do you have any prosecutions pending or any incidents occurred that may result in future prosecution? (Please detail) Y N

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.....

I hereby acknowledge that, before taking over any vehicle, it is my responsibility to carry out all responsibilities laid on the driver under The Motor Vehicles (Construction and Use) Regulations and Road Vehicles Regulations, and in addition shall be responsible for all daily and/or weekly checks to ensure the vehicle is road worthy at all times.

I undertake to inform Staffing Match of any incidents which may occur in the future, which may result in prosecution, or the impairment of my driving efficiency.

I understand that licence checks will be completed every 4 months, if during this period I have a conviction/points I will immediately inform Staffing Match. I understand my failure to do so may result in the client's insurance being null and void.

I hereby undertake to inform Staffing Match of the number of hours I have worked etc. Should I at anytime work as a driver on my own behalf, or on behalf of any person, firm or company, at between or during period(s) of driving that I might do as a result of an introduction by Staffing Match.

I acknowledge that it is my responsibility to ensure that a Tachograph is issued to me by the client that I ensure that it is returned to Staffing Match after 29 days, failure to do so may result in my termination from any assignments. I acknowledge that I use my Digital Tachograph that I will download the information on to the client's database at the end of each shift, failure to do so may result in my termination from any assignments.

I will contact Staffing Match immediately should I have any queries.

Signature..... Print Name.....

Date.....

Workforce Agreement

This agreement is made on theDay of 2019.

Recitals

1. Staffing Match is in the business of the supply of Temporary Workers.
2. The working Time Road Transport Regulations that became effective on the 5th April 2005 and effects the manner in which mobile workers and the Company together conduct the operation.
3. Staffing Match and the representative of the workforce in a workforce agreement have agreed on the behalf of the workforce to adopt the flexibility provided by the regulations in respect of both the Night Work Limitations and reference periods for calculating the 48 hour weekly working time.

Provisions

1. Definitions

Location: SM Global Consultancy Ltd Trading as Staffing Match (Operating Nationwide)
Bradeys Business Centre
Central Way
North Feltham Trading Estate
Feltham
TW14 0XQ

Regulations: Shall mean Road Transport Working Time Regulations 2005.

Mobile workers: Shall mean Night workers as defined by the regulations and all mobile workers services being utilized by Staffing Match.

2. Scope of Agreement

This agreement is made pursuant to regulation 4 (2) (extend night work limit) and 4 (3) (set fixed calendar reference periods) Or 4 (4) (extend reference periods to a maximum of 26 weeks).

3. Term of Agreement

This agreement shall remain in force for a period of 5 years effective from the date indicated above

4. Operative Provision

a. Agreement

The parties acknowledge and agree that the regulations will impact on the manner in which the operation is conducted. The parties believe that it is the benefit of both the Company and the employees for certain provisions of the regulations to be extended or modified.

b. Night Work Limit

The worker will work beyond the 10 Hour work limit stated in the regulations but only to the extent where this would not be in breach of the regulation or EU Drivers Hours Regulations 561/06.

c. Reference Period

- For the purpose of calculating the 48 Hour average the reference period shall be successive 17 weeks reference period.
- The first day of a 17 week reference period will begin at 00.00 hours on Monday. The reference periods that will apply to mobile workers for 2017/2018 will be:
 - i. 2nd April 2019 - 5th August 2019
 - ii. 6th August 2019 - 2nd December 2019
 - iii. 3rd December 2019 - 1st April 2020

This pattern of fixed reference periods will continue until this workforce agreement expires.

5. Avoidance of Doubt

For the avoidance of doubt, the parties acknowledge and agree that save as specifically set out above, the provisions of the regulations shall be in full force and effect.

Signed for and upon behalf of Staffing Match

.....

Signed for and upon behalf of Temporary Worker

.....

Date

.....

Dear Colleague,

Drug and Alcohol Testing

Health and Safety is on the Staffing Match agenda and we are making various changes to improve the Health and Safety of all employees. We are implementing random and “for cause” testing, ie.in the event of an accident, we can further improve the Health and Safety of SM Global workers and other road users, and potentially reduce the number of accidents that can occur. Drug and Alcohol testing is common practice in both the warehousing and logistics industry we operate in, and therefore SM Global would like to align itself with other retailers in this sector.

Who will be Tested ?

Any Staffing Match employee / Sub Contractor can be tested ; no employee group is exempt from testing. Any approach to testing will be completed with a fair and consistent approach.

Who will be doing the testing ?

A third party testing company will be utilized to conduct the tests, either on random dates across all shifts or in the event of an accident, and carry out random testing or testing on the employee where there is concern that the use of drugs / Alcohol may be a risk. The Drug testing will seek evidence of examples of a wide range of Drugs including prescribed drugs. The results of the tests are available instantly (Alcohol) and within fifteen minutes (drugs), and then can be taken into account in any subsequent accident investigation and potential disciplinary action as per your employee handbook. For consistency across the group, and given that we have drivers who operate into Scotland, we will be testing at the Scottish limit of 50mg per litre.

What is defined as an Accident ?

An Accident is defined as any incident that causes damage or harm, Which could be; a driver being involved in an accident in the yard or on the highway where the police are not involved, a forklift driver in the warehouse damaging the racking, or a member of the office team falling down the stairs. This list is not exhaustive.

When will this be happening ?

This will take place with immediate effect. If you take any medication then please let a member of the Staffing Match team know so this can be noted on your file. Should you have any concerns or wish to discuss the contents of this letter, please contact a member of Staffing Match.

Yours Sincerely

SM Global Consultancy Ltd

Sign

Print

Date

DVLA Driving Licence Checking Form

When checking Licences the following areas MUST be checked

- ✦ Issue number, Name, Driver number, Signature on the licence.
- ✦ Driver looks the same as picture and home address match digi -tacho card.
- ✦ Licence does not have any restriction codes that prohibit driver from driving the class of vehicle required for customer.

Endorsements showing on the licence must not include TT99, DR, DD, CD, IN codes or has exceeded 9 points.

The final part of the check is that the Consultant registering the candidate MUST ring DVLA for the verification of the details shown on the licence- 09061393837.

Drivers Name:	Date of Birth:
License Number:	Issue Number:
License Category:	Valid From:
Expiry Date:	Endorsements:
DVLA Contact:	Team No:
Driver Print:	Signed:
Consultant:	Signed:
Check Date:	Check Time:
Branch:	

I confirm that I have spoken with the above named contact at the DVLA, and the information recorded above is an accurate and true record of the information given to me by the DVLA.

Certificate of Professional Competence Check.

Expiry Date	
--------------------	--

FOR OFFICE USE ONLY

For Office use only

Name of Candidate _____ (PRINT NAME)

Name of consultant _____ (PRINT NAME)

Date _____

	YES	NO	COMMENT
Worker information full all sections completed			
Test completed - please add total score			
Proof of address within 3 months			
Valid Right to work – colour copies of inside and out and stamped			
Valid Visa – If applicable			
Proof of National Insurance obtained			
Proof of arrival in the UK (passport entry stamp if applicable(Aviation clients))			
Signed page of contract in the pack			