

## REGISTRATION FORM

<b>CANDIDATE</b> PLEASE COMPLETE ALL COLUMNS BELOW		<b>PROOF PROVIDED</b>	<b>CHECKED (Office Only)</b>
<b>NAME IN FULL</b>			
<b>HOME ADDRESS</b>			
<b>POSTCODE</b>			
<b>NI NUMBER</b>			
<b>DATE OF BIRTH</b>			
<b>UK CITIZEN</b>	<b>YES / NO</b>		
<b>RIGHT TO WORK</b>	<b>IF NO – VISA TYPE</b> Please state any restrictions		
<b>PROFESSIONAL QUALIFICATIONS /CERTIFICATES</b>			

1. You wish Paul Mitchell Associates to seek employment within the field of \_\_\_\_\_.
2. You authorise Paul Mitchell Associates to seek work on your behalf.
3. Paul Mitchell Associates will provide you with **permanent / temporary / contract** recruitment services and in doing so we will act as an employment agency as defined under the Employment Agencies Act 1973.
4. In order to provide recruitment services to you Paul Mitchell Associates will have to process your personal data. In doing so we will comply at all times with data protection laws. Please see our Privacy Policy & GDPR Notice.

**I agree to Paul Mitchell Associates providing work-finding services on my behalf**

**NAME:** \_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_

## CRIMINAL CONVICTION DECLARATION

**DECLARATION:**

Do you have any unspent criminal convictions?

Yes

No

Before completing this section please read our 'equal opportunities and diversity policy' regarding candidates with criminal convictions.

We are asking you to complete this form in relation to job roles which are not exempt from the Rehabilitation of Offenders Act 1974. For this reason **you are only required to disclose information about unspent convictions**. You are not required to disclose spent convictions on this form.

Additionally, **you are not required to declare any information about 'protected' offences** – (offences to which the filtering rules apply). If you are unsure as to whether a conviction is **unspent/spent or protected (filtered)** please see the additional [guidance](#) or you can contact organisations such as [NACRO](#) or [Unlock](#).

If you wish to be put forward for/if any role is identified which may be suitable for you but which is exempt from the Rehabilitation of Offenders Act 1974, meaning that you are required to disclose **spent** convictions, we will ask you to complete an additional criminal disclosure form. You are not required complete that additional form if you do not wish to be put forward for that type of work.

**If you have answered 'Yes', there are two ways of providing further details.**

(a) Provide the offence dates, dates of conviction/caution, offence types and sentences received below; or

(b) Provide further details (as above) on a separate document by placing a tick here [  ] and attaching the details in an envelope attached to this completed form. Mark the envelope 'confidential'.

**You are not required to provide any information about protected (filtered) offences.**

If you have declared any convictions you are welcome to provide us with any additional information that you think may be relevant and which will help us to determine your suitability to be put forward for roles with our clients. This could include for example information about the circumstances of the offence, any work (paid or voluntary) or training that you have undertaken since, change in your circumstances etc.

We will seek to put forward/supply the best possible candidates to our clients. Having a criminal conviction will not necessarily exclude you from the process.

The information given will be treated in the strictest of confidence and only taken into account where, in our reasonable opinion, the offence is relevant to the post to which you are applying. Failure to declare a conviction may require us to exclude you from our register if the offence is not declared but later comes to light. If you are working in an assignment with a client at the time that we are made aware of a conviction that have not disclosed to us, we may be legally required to inform our client of that information and your assignment may be terminated.

**NAME:** \_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_

## HEALTH AND DISABILITY

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought.

<p>Do you have any health issues or a disability relevant to the role which may make it difficult for you to carry out functions which are essential for the role you seek?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify</p>
<p>If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview, or to take aptitude tests etc.?</p>	<p>Please specify</p>
<p>Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer, that could affect your work or if you could potentially be taken ill at work.</p>	<p>Please specify</p>
<p><b>Emergency Contact-</b> To be contacted in the event of a medical emergency. Please give contact details</p>	<p>Name</p>   <p>Contact Tel No</p>

As a safeguarding control, Paul Mitchell Associates highly recommends that any information stated above is passed on by you to your line manager or first aider (optional), in case of any medical emergency.

In the event of a medical emergency, I give my permission for Paul Mitchell Associates to contact my emergency contact and to pass any medical information given above to the medical team attending.

NAME: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

## REFERENCE DECLARATION

<b>REFERENCE ONE</b> Can we contact straight away? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>REFERENCE TWO</b> Can we contact straight away? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Professional / Personal / Educational</b> (delete as appropriate)	<b>Professional / Personal / Educational</b> (delete as appropriate)
<b>COMPANY / EDUCATIONAL ESTABLISHMENT:</b>	<b>COMPANY / EDUCATIONAL ESTABLISHMENT:</b>
<b>NAME AND POSITION:</b>	<b>NAME AND POSITION:</b>
<b>ADDRESS:</b>	<b>ADDRESS:</b>
<b>Tel Mobile:</b> <b>Tel Company:</b>	<b>Tel Mobile:</b> <b>Tel Company:</b>
<b>Email:</b>	<b>Email:</b>

**DATA PROTECTION ACT 1998: AUTHORITY TO SEEK INFORMATION FROM A THIRD PARTY.**

I hereby authorise Paul Mitchell Associates to contact the above referees.

**NAME:** \_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_

## PMA TEMPORARY WORKERS PAYROLL DETAILS

Payroll year: 2019 - 2020

Emp No: \_\_\_\_\_

Job No: \_\_\_\_\_

You **must** supply us with **all** the following details to comply with HMRC Real Time Information (RTI) requirements.

**Failure to supply complete details in full, will result in a delay to payments:**

FIRST NAMES in FULL \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
POST CODE \_\_\_\_\_

MALE  FEMALE  DATE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_

VISA TYPE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

National Insurance Number: (Proof required)

Have you supplied Proof of Eligibility to Work in the UK? YES  NO

Passport: YES  NO  Birth Certificate: YES  NO

Do you have a Student Loan? YES  NO  Plan1  or Plan 2

Name of Bank or Building Society

Address

Name(s) of Account Holder

*\*as name appears on bank card*

Bank or Building Society Account Number: (8 Digits Only):

Bank or Building Society Branch Sort Code:

Building Society Roll No:

You must have your timesheet **authorised** by the client at the end of each working week and your timesheet must be received by us on Friday evening of that week.

Send to: Fax: 0116 254 8720 or e-mail: [office@paulmitchellassoc.co.uk](mailto:office@paulmitchellassoc.co.uk)

For any payroll queries please contact: Ros Mitchell 0116 254 9404

### Data Protection Statement

Paul Mitchell Associates provides work-finding services to its clients and work-seekers. We must process personal data (including sensitive personal data) so that we can provide these services – in doing so, we act as a data controller. This is why we have asked for your personal data on this form. When we process your personal data we must do so in accordance with data protection laws. Those laws require us to give you a Privacy Statement to explain how we manage your personal data. Please see our Privacy Policy & GDPR Notice.

## Starter Checklist

### Instructions for employees

As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then you can print it and send it or give it to your employer.

Do not send this form to HMRC.

### Employee's personal details

Last name or family name

First name(s)

Are you male or female?

Male  Female

Date of birth

  

Address

Is this address in the UK?

Yes  No

Line 1

Line 2

Line 3 (optional)

Postcode

Do you have a National Insurance number?

Yes  No

National Insurance number

    

Employment start date

  

### Employee statement

Which of the following statements applies to you

- A - This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
- B - This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.
- C - As well as my new job, I have another job or receive a State or Occupational Pension.

**Student Loan**

**Postgraduate Loan**

For more guidance about repaying go to [www.gov.uk/repaying-your-student-loan](http://www.gov.uk/repaying-your-student-loan)

**9** - Do you have one of the Student Loan Plans described below which is not fully repaid?

Yes  If Yes, go to question 10

No  If No, go to question 13

**10** -Did you complete or leave your studies before 6th April?

Yes  If Yes, go to question 11

No  If No, go to question 13

**11** - Are you repaying your Student Loan directly to the Student Loans Company by direct debit?

Yes  If Yes, go to question 13

No  If No, go to question 12

**12** -What type of Student Loan do you have?

Plan 1  Plan 2  Both

**Student Loan Plans**

You'll have a Plan 1 Student Loan if:

- you lived in Scotland or Northern Ireland when you started your course (undergraduate or postgraduate)
- you lived in England or Wales and started your undergraduate course before 1 September 2012

You'll have a Plan 2 Student Loan if:

- you lived in England or Wales and started your undergraduate course on or after 1 September 2012
- your loan is a Part Time Maintenance Loan
- your loan is an Advanced Learner Loan
- your loan is a Postgraduate Healthcare Loan

For more guidance about funding and repaying go to [www.gov.uk/funding-for-postgraduate-study](http://www.gov.uk/funding-for-postgraduate-study)

For more guidance for employers go to [www.gov.uk/guidance/special-rules-for-student-loans](http://www.gov.uk/guidance/special-rules-for-student-loans)

**13** - Do you have a Postgraduate Loan which is not fully repaid?

Yes  If Yes, go to question 14

No  If No, go to the Declaration

You'll have a Postgraduate Loan if:

- you lived in England and started your Postgraduate Master's course on or after 1 August 2016
- you lived in Wales and started your Postgraduate Master's course on or after 1 August 2017
- you lived in England or Wales and started your Postgraduate Doctoral course on or after 1 August 2018

**14** - Did you complete or leave your Postgraduate studies before 6th April?

Yes  If Yes, go to question 15

No  If No, go to the Declaration

**15** - Are you repaying your Postgraduate Loan direct to the Student Loans Company by direct debit?  
Yes No

**Go to the Declaration**

**Declaration**

I confirm that the information I have given is correct

Signature

Date