

REGISTRATION PACK

REFERENCE NO: XRA-FOR-018 REV.3

JANUARY 2018

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INTRODUCTION

XRAIL has to carry out pre-engagement checks on all new starters. Any position that has been made available is based on the condition that results of this check are satisfactory. We require you to read the documentation provided in this Registration pack and complete the forms enclosed.

At this registration stage of your recruitment XRAIL needs to know specific details about you, some of which being legal and others voluntary. Please complete the forms enclosed in full, to the best of your knowledge, and return them by hand or post to:

XRAIL Group Limited
Recruitment
Boardman House
64 Broadway
Stratford
London E15 1NT

XRAIL provides an equal opportunity environment for all. To meet this requirement obligation, we have included within this registration pack an Equal Opportunity Monitoring Form. Please note that completion of the form is entirely voluntary and that the information provided is used purely for the purposes of monitoring our equal opportunity policies and will have no bearing on the process.

The information you provide will be dealt with in the strictest confidence.

PERSONAL DETAILS

Job Title:

Surname:

Forenames:

Address: *(past 5 years start with most recent)*

Dates: *(from – to)*

Telephone no. (Home):

Mobile no:

Email address:

LEGAL DETAILS

Your Nationality:

If you are **not** a UK National, are you eligible to work in the UK?

YES / NO

Provide justification including a list of all official paperwork that you hold as evidence.

Your National Insurance number:

Do you have a P45 or P46?

YES / NO

Original Enclosed?

YES / NO

If no, provide reasons and justifications

Do you hold a full Driving license?

YES / NO

Country of issue: _____

Validity from: _____ to: _____

License no: _____

Categories: _____

Does it have any endorsements?

YES / NO

If yes, please detail all endorsements or other motoring convictions and penalties.

It is a legal requirement for candidates to submit **ORIGINAL** documents for inspection. Copies will be made and filed within the individual's personnel records. The documents required are to include:-

- A passport, birth certificate or driving license.
- A bank statement or utility bill.
- A Certificate of Registration, Biometric Residence Permit and/or relevant immigration documents.

NEXT OF KIN DETAILS

Name:

Relation to you:

Telephone no:

Address:

COMPANY DETAILS (IF APPLICABLE)

Company Name:

Trading Name if different:

Company Address:

Company RegistrationNo:

VAT Registration No:

Company Registration and VAT Registration Certification is to be provided

BANK DETAILS

Bank Name:

Branch:

Bank Address:

Account name:

Account number:

Sort Code:

MEDICAL DETAILS

Have you had any medical (to include psychological) conditions for which you have sought medical advice in the last 5 years?

YES / NO

Do you currently have any medical conditions which may affect your ability to undertake the role applied for?

YES / NO

If yes to either or both, please provide details including any provision that we may have to consider for you.

CRIMINAL CONVICTIONS DECLARATION

1. Please declare any criminal convictions against you, excluding any convictions which are "spent" under the Rehabilitation of Offenders Act 1974.
(If appropriate, please state "NONE TO DECLARE")

Conviction type	Date	Details

2. Please declare any bankruptcy proceedings or County Court Judgements filed against you in the past ten years.
(If appropriate, please state "NONE TO DECLARE")

Proceedings / Judgement type	Date	Details

REFEREES *(ONE MUST BE YOUR PRESENT OR MOST RECENT EMPLOYER.)*

Referee No. 1	Referee No. 2
Name:	Name:
Address:	Address:
Position held:	Position held:
Organisation:	Organisation:
Telephone no:	Telephone no:
Email address:	Email address:

DECLARATION

I am aware that any information I have supplied in relation to my physical or mental health is regarded as "sensitive personal data" under the Data Protection Act 1998.

By signing this declaration I have given XRAIL my explicit consent to the processing of sensitive personal data.

I understand that any sensitive personal data I have supplied is necessary for the consideration of my suitability to the role that I am being contracted to perform and that it will not be retained for any longer than necessary.

I confirm that the details given by me in this application are accurate.

I understand that any false statement or failure to disclose information, where required to do so will if engaged, render me liable to summary dismissal.

Please sign below to declare that this application is true:

Signed:		Full Name:	
Date:			

XRAIL INTERNAL OFFICE USE ONLY – Reviewed by:

Signed:		Full Name:	
Date			

EQUAL OPPORTUNITY MONITORING FORM

XRAIL is committed to providing equal opportunities in employment.

Completion of this section is voluntary. Any information supplied by you on this form will be treated in the strictest confidence and will be used purely to enable us to monitor the performance of our Equal Opportunity Policy which aims to ensure that all job applicants and employees are treated irrespective of sex, age, marital status religion and ethnic origin.

This form is detached from your application when received.

Gender:	Male	Female	Other <i>(please specify)</i> :	
Marital Status:	Single	Married	Other <i>(please specify)</i> :	
Ethnic Origin:	Asian	Black	Oriental	White
	Indian	African	Chinese	British
	Pakistani	Caribbean	Japanese	Irish
	Other	Other	Other	Other
Any other racial/ethnic origin? <i>(please specify)</i> :				
Religion:	Do you have a religion or similar belief?		Yes / No	Prefer not to say
Christian <i>(please specify)</i> :				Muslim
Hindu	Buddhist	Sikh	Jewish	Baha'i
Jain				
Any other religion or similar belief? <i>(please specify)</i> :				

DISABILITY

The Disability Discrimination Act 1995 defines someone as a disabled person if they have a "physical or mental impairment, which has a substantial and long term adverse effect on their ability to carry out normal day to day activities".

Are you a disabled person? YES / NO

If yes, describe the nature of your disability:

Do you need any special arrangements to enable you to perform your duties? YES / NO

If yes, provide details:

DECLARATION

I am aware that any information I may have supplied in relation to my racial/ethnic origin and my physical or mental health is regarded as "sensitive personal data" under the Data Protection Act 1998.

By signing this Declaration, I have given XRAIL my explicit consent to the processing of sensitive personal information about me.

I understand that the information I have provided to XRAIL is necessary for and will be used about this registration form and my future employment with the firm (if any) or for equal opportunity monitoring (as appropriate) and that it will not be retained for any longer than necessary.

Signed:

Full Name:

Date:

XRAIL INTERNAL OFFICE USE ONLY – Reviewed by:

Signed:

Full Name:

Date