



CONTRACTOR INFORMATION COMPLIANCE SCREENING

The contractor has been identified as having the relevant skills and experience to provide services on behalf of the supplier. In order for all parties to meet their contractual and legal obligations the contractor is required to provide information pertained in this document. This document is to be completed by all contractors who are being supplied by a third party to provide services to Carbon60 clients.

Please complete all sections and, where indicated, provide Carbon60 with copies of relevant supporting documentation. For convenience, these documents are identified in the check list below.

Document	Copy Provided	
Evidence of Eligibility to work in the UK	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CV (as applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certificates / Qualifications / Licenses (as applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of Address (as applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IMPORTANCE NOTICE:

Please respond promptly and take care when completing this document to avoid any unnecessary delays. All paperwork should be completed and returned to Carbon60 prior to commencement of the first scheduled assignment.

All pages should be signed, where indicated, in doing so you agree to be bound by all statements contained herein.

Please be aware that failure to complete any parts of this document, or to provide copies of information as specified, could delay commencement of the assignment and will delay the issuance of a formal agreement.

Data Protection Act (1998)

The terms Processing, Personal Data and Sensitive Personal Data shall have the meanings as defined in the Data Protection Act 1998 (as amended from time to time) (the 'DPA')

In order your agreement with Carbon60 to be properly executed, you are required to provide information that may be classed as Personal Data or Sensitive Personal Data. By signing this declaration, you are explicitly consenting for to Carbon60 Limited to holding and processing data under the rules of the Data Protection Act 1998.

You acknowledge that your personal data may be forwarded to other persons (as required) for the purpose of conducting appropriate checks and referencing.

PERSONAL DETAIL, ACKNOWLEDGEMENTS AND DECLARATIONS

Title (Mr/Mrs/Miss/Ms):	Surname:
Forename:	Middle Name(s):

Name of Supplier/Umbrella Company:

1/ Conduct of Employment Agencies and Employment Businesses Regulations 2003 (the “Regulations”):

There is provision in the Conduct Regulations 2003 for Suppliers and those contractors whose services they supply, to opt out of the Regulations. Individuals are required to confirm their intention to opt out by written notice. Should you decline to opt out, as is your right, please be aware that there are additional requirements that will need to be met, as indicated further below. In the event that you are undecided independent legal advice should be sought.

Please confirm if you wish to opt out of the Regulations: Yes No

YES: YOU CONFIRM YOUR INTENTION TO OPT OUT

By ticking ‘Yes’ you acknowledge:

- that it is your intention that the provisions of the Regulations do not apply to any assignments undertaken on behalf of Carbon60 clients.
- that you have freely entered into this notification and you understand that you are free to withdraw, at any time, by giving not less than one week’s written notice to Carbon60. You further understand that withdrawal will not take effect until the expiry or termination of the assignment.
- that this notification is only effective if the supplying company has also signed an opt-out notification.
- that you have read, understand and agree to bound by this opt out notification.

NO: YOU HAVE DECLINED TO OPT OUT:

Under the Conduct Regulations, Carbon60 are restricted from introducing a Contractor to the Client without first having obtained confirmation of the Contractor’s identity and further confirmation that the Contractor has the experience, training, qualifications and authorisation, as considered necessary by the Client, or as required by law. You are required to provide the following prior to commencement of the assignment:

By ticking ‘No’ you agree to provide the following documentation:

- Proof of Address (Utility bill or bank statement).
- Detail relating to education, experience and training pertinent for the Services being provided to the Client if not specified on CV.
- Copies of all relevant certificates, licences, qualifications etc if not already provided.
- References: Your account representative will notify you of referencing requirements.

2/ Agency Worker Regulations 2010 (“AWR”):

In order to ensure that you will receive your full rights under the AWR please state if you have provided services to the Client within the last twelve (12) weeks? Yes No

If yes, please provide detail including dates, job title and location along with any periods of absence:

3/ Rehabilitation of Offenders Act 1974:

Do you have any unspent criminal convictions under the Rehabilitation of Offenders Act? Yes No

If yes, please list any unspent criminal convictions and their dates below. The information provided will be treated in confidence and only taken into account where, in the reasonable opinion of Carbon60, the offence is relevant to the Services being provided. Failure to declare a conviction may result in immediate exclusion from Carbon60’s database and / or termination of the Assignment if the offence is not declared but later comes to light:

PRE-ASSIGNMENT HEALTH ASSESSMENT

Prior to commencement of your assignment we would ask you to complete, sign and return the attached questionnaire. The purpose of this exercise is to determine whether there may be anything in your medical history that could affect your health when carrying out duties.

Depending on your answers you may be referred to a medical practitioner for a follow-up examination. In this event, you may not be able to commence the assignment until you are able to produce a signed letter, or certificate from the medical practitioner to the effect that your health will not impede working.

You are not obliged to complete this questionnaire, but in doing so any information that you provide will be treated in the strictest of confidence and will only be used in conjunction with the assignment.

SECTION 1: CONSTRAINTS

Please indicate if there is any matter that we should be aware of that may affect your ability to perform any of the functions detailed below by ticking in the relevant box. Please provide detail.

	Detail
<input type="checkbox"/> Working at heights on ladders / staging	
<input type="checkbox"/> Working in confined spaces	
<input type="checkbox"/> Driving vehicles or mechanical equipment	
<input type="checkbox"/> Operating machinery	
<input type="checkbox"/> Heavy lifting	

SECTION 2: GENERAL HEALTH

Please indicate if you suffer with any of the following conditions by ticking the relevant box and provide details as applicable.

<input type="checkbox"/> Eyes and sight: Any condition that causes visual impairment, please state if the impairment is corrected with the use of optical lenses.	
<input type="checkbox"/> Ears and hearing: Any condition that causes hearing deficiency, please state if the deficiency is corrected with the use of hearing aids.	
<input type="checkbox"/> Back, joint, limb or muscle strain: Please specify any restriction of movement or problems with lifting, sitting/standing for prolonged periods etc.	
<input type="checkbox"/> Chest and respiratory: Chest pains, asthma or any other respiratory disorder.	
<input type="checkbox"/> Heart and cardiovascular: Heart attack, angina, high/low blood pressure, varicose veins etc.	
<input type="checkbox"/> Stomach and digestive: Ulcer, ulcerative colitis, chrohns disease etc.	
<input type="checkbox"/> Diabetes: Please specify how the condition is controlled e.g. Diet / tablets / insulin	

SECTION 3: MEDICAL HISTORY

Have you had any time off in the past two years through illness or injury? Yes No

If 'YES' please provide detail of the illness / injury:

Have you made a full recovery from your illness / injury described above? Yes No

If 'NO' a Fit Note from your GP is required, confirming that it is safe for you to return to work.

Are you taking any medication, prescribed or otherwise, that may affect your ability to drive, operate machinery or otherwise perform the assignment duties? Yes No

If 'YES' please provide detail:



Have you to your knowledge, any physical, mental or other condition that may affect your ability to perform the assignment duties? Yes No

If 'YES' please provide detail:

Is there someone that you would like us to contact in case of injury at work i.e. next of kin? If 'YES' please provide details:

Name:

Contact Number:

SECTION 4: DECLARATION

I hereby confirm that the information provided on this form is true and accurate to the best of my knowledge. I further acknowledge that it is my own responsibility to inform Carbon60 immediately of any changes to my health, working environment, or duties that may affect my ability to perform the assignment.

Name:

Date:

By signing this document, I confirm the following:

1. I have read and fully understand the statements above and agree to abide by them.
2. All information provided is true and accurate to the best of my knowledge.
3. In the event of any changes to my circumstance, that should affect the information contained herein, I shall notify Carbon60 as soon as reasonably practicable.
4. Failure to declare an accurate account of working history may invalidate any claim made under the Agency Worker Regulations 2010.
5. I accept that deliberate misrepresentation of the facts is grounds for immediate termination of the Assignment and, in appropriate cases, criminal charges may be brought against me.

Signed:

Print Name:

Date: