



WORKER INFORMATION COMPLIANCE SCREENING

You have expressed an interest in entering into a contract for services with Carbon 60 Limited (“Carbon60”) for the provision of services to Carbon60 client(s). In order for the parties to meet all statutory and contractual obligations you are required to meet the minimum standards of compliance as outlined in this document (“Compliance Screening”). Information that you provide will form the basis of higher levels of clearances that may be required.

Please ensure to complete all sections of this document and, where indicated, provide us with copies of relevant documentation. For convenience, a check list is provided below.

Documentation Required	Copy Issued	
Evidence of Eligibility to Work in the UK	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of Address	Yes <input type="checkbox"/>	No <input type="checkbox"/>
P45	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.



SECTION 1 – Personal Information	
Title (Mr/Mrs/Miss/Ms):	Surname (family):
Forename:	Middle Name(s):
Date of Birth:	Email Address:
Emergency Contact:	Emergency Contact Number:
SECTION 2 – Bank Details NB: Payments can only be made in to a UK account	
Bank Name:	Account Name:
Sort Code:	Account Number:
For payments to Building Society accounts with pass books (instead of cheque books), please ask your Building Society for details of your Roll Number:	
SECTION 3 – TAX and NI Details	
National Insurance Number:	

A Current P45 must be provided. Is your P45 included with this form? Yes No To Follow

NEW STARTER DECLARATION

It is your responsibility to inform us of any changes to your bank account to ensure prompt payment. We will always use information you have provided from the most recently signed form.

Please complete the information on this form below, so that we can inform HMRC about your details and help them to ensure that they use the correct tax code.

NB: If you change your name or if any information provided to us changes, either during or between your assignments, in addition to notifying us, you must also inform HMRC directly to implement the changes.

Statement

Do you have a Student Loan which is not fully repaid and all of the following apply:

- You left a course of UK higher education before last 6 April
- You received your first Student Loan instalment on or after 1 September 1998

Select 'No' if you are repaying your Student Loan direct to the Student Loans Company by agreed monthly payments.

Yes No

You need to tick only one of the following statements: A, B or C.

- 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 Pension 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 Pension or Occupational Pension.
- C – As well as my new job, I have another job or receive a State Pension or Occupational Pension

NOTIFICATION TO OPT OUT OF THE WORKING TIME REGULATIONS 1998 (“WTR”)**Definitions:**

“**Working Week**” means an average of 48 hours each week over a 17 week period.

The WTR provides that a worker shall not work in excess of the Working Week unless it is agreed in writing that this limit should not apply.

Workers may be asked to comply with the client’s reasonable request to work outside normal working hours, in anticipation of such request the worker may choose opt out of WTR regarding daily and weekly breaks and maximum weekly hours by completing this document. For the avoidance of doubt, in signing this Notification to Opt Out workers are not obliged to work additional hours.

1. This Opt Out Notification is supplement to the agreement between Carbon60 and the worker. The terms used in this notification shall have the same meaning as those defined in the agreement.
2. The worker acknowledges that it is their intention that the provisions of the WTR in regards to maximum working hours and daily and weekly breaks do not apply to any future assignment(s) agreed between the parties.
3. The worker has freely entered into this Opt Out notification.
4. The worker understands that they are free to withdraw from this Opt Out notification, at any time, by giving not less than three months written notice to Carbon60.
5. This Opt Out is governed by the law of England and Wales and subject to the exclusive jurisdiction of the courts of England and Wales.

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

Important Notice:

If you have declined to opt out, as is your right, you may not exceed the Working Week.

AGENCY WORKER REGULATIONS 2010 (“AWR”)**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:

REHABILITATION OF OFFENDERS ACT 1974**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 sensitively and only taken into account where, in the reasonable opinion of Carbon60, the offence is relevant to the Services being provided and/or where it has an obligation to the Client to make such disclosure. 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.

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:
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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 all statements and declarations throughout this document 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 is 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: **Date:**

Name: