

Registration Form

**Date: / / Source of Introduction: Reg. No:**

|  |  |
| --- | --- |
| **Surname:** | **Category:** |
| **First Name (s):** | **Hours Available:** |
| **Address:** | **Availability:** |
| **Telephone Number:****Tel Number next of kin (in case of emergency):****Email Address:** | **Own Transport: YES/NO** |
| **Date of Birth: Age:** | **Clean Licence: YES/NO** |
| **Marital Status: Dependants:** | **School/College attended:** |
| **Qualifications:** | **N.I Number:** |
| **Nationality:** | **Proof of Identification:** ***(for Sky Personnel use only)*** |

**CRIMINAL CONVICTIONS (Please delete clearly as appropriate)**

**Do you have any unspent criminal convictions? YES / NO**

**If yes, state convictions and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Agencies contacted:**

**Work Carried Out:**

# To avoid duplication please list companies that you have applied to in the last 6 months:

 \_\_\_\_\_\_\_

**Please mention any medical conditions that could affect work offered:**

## Areas of Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PA |  | GEN ADMIN |  | TELESALES |  |
| SECRETARY |  | FILING |  | ACC CLERK |  |
| SHORTHAND |  | RECEPTION |  | PAYROLL |  |
| AUDIO |  | CUS SERVICE |  | BOOK KEEPER |  |
| COPY  |  | SALES |  | LEDGERS |  |
| DATA ENTRY |  | RETAIL |  | CRED CONTROL |  |

##### WP Packages Used

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EXCEL |  | ACCESS |  | LOTUS |  |
| WORD |  | POWERPOINT |  | SAGE |  |

######

## Other: -

Please Specify:

## Details of Previous Employment

(PLEASE START WITH THE MOST RECENT POSITION FIRST WITH CONTACT NAME AND NUMBER FOR REFERENCE)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name and address of company** | Type of**Business** | **Dates Employed** | **Description of Duties** | Salary | **Res. for leaving** | **Name & No. For Ref.** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**CANDIDATE DECLARATION**

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_