



Candidate Information Form - Rail

Dear Applicant

Thank you for your recent interest in CA 24 LTD

Please find accompanying this letter your recruitment pack.

Everyone must complete all sections in RED

Ltd Companies must also complete Light BLUE Section.

Non-UK Residents must also complete Green Section

Please complete and sign **ALL** forms within the recruitment pack. Should you have any questions regarding any of the forms feel free to phone me 07703 647626 and I will do my best to talk you through them.

When returning the completed pack, please include **colour copies** of the following items:

- Passport (front cover and photo page) or Full Birth Certificate (we will need to see originals of these items)
- Proof of National Insurance Number (National insurance card/ P45 or P60)
- UTR Number
- Proof of address (Utility bill or bank statement from the last 3 months)
- Driving Licence
- PTS Card
- Two references of contractors you have worked with not agencies.
- Any other relevant competencies/certificates

(If you do not have access to a printer, I can take copies if you bring them in when returning the pack.)

Once we have received your completed recruitment pack one of us will contact you to discuss your application. If there are any times that are inconvenient for you to be contacted, please put a note in your pack.

Thank you and we look forward to working with you in the future.

Kind regards

Joe Carroll
Director



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Candidate Application Form Completion Instructions

- 1) This Document is retained by CA 24 Ltd and all Data subject's information shall be securely retained by the company, as required under the General Data Protection Regulations.
- 2) If this document is being completed on your behalf by another party, the Name and contact details must be inserted in the Signature section of the document.
- 3) It must be noted that CA 24 Ltd will request information from registered bodies as required under our legal compliance requirements. This process will only be undertaken prior to an unconditional offer of employment, with your consent and only when the information obtained satisfies our legal employment compliance.
- 4) Please address all sections of the form where you can provide the information and speak to the consultant if you require any direction of clarification of the information required.
- 5) As part of this process, you will be issued with an Induction Pack which needs to be signed to confirm understanding of the information.
- 6) Please note, the next of kin you insert into this document will only be used for emergency contact, which may be required out of normal working hours, based on the role shift patterns.
- 7) It is a requirement of a rail infrastructure owner (TfL) that none-English speaking applicants understand the English Language. This will not impact on your application, but you may be restricted from areas of the Managed Infrastructure (MI), however, in some situations a Risk Assessment may be developed by the Client (the Hirer).

Please attach additional sheets if required to support your application and ensure each sheet is sequentially numbered.

Managing Consultant: Liam Hughes		Contact Number:01253 201097	
Position of Interest:			
Full Name:		Nat Insurance No:	
Home Address		Date of Birth:	
		Sentinel Card No:	CSCS Card No:
Please detail any other Industry Organisation Access Cards:			
Phone Number:		Mobile Number:	
Company UTR Number		CIS Scheme Registered:	
E-mail Address:			
Next of Kin Name:		Contact Number:	
Business Account Details (Bank/Building Society)			
Bank Name:		Ref No:	Sort Code:
Account Name:		Account Number:	



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References:	1)
2)	3)
1	Copy of Passport - Attached
2	Copy of UK Work Permit - Attached
3	Copy of Driving Licence - Attached
4	A JPEG Photograph available (<i>Applications for Sentinel Sponsorship and None- rail Applicants Card Holder</i>)
5	References - Attached
6	Other (specify)
7	Other (specify)

Medical Self Certification

1	Do you wear Glasses and/or Contact Lenses, please provide details?	Yes	No
2	Are you Colour Blind?	Yes	No
3	Do you suffer from Hearing Deficiency?	Yes	No
4	Do you get discomfort or pain in the chest or shortness of breath during exercise e.g. Climbing a single flight of stairs?	Yes	No
5	Do you have difficulty in moving rapidly over short distances, including on slopes, steps, or rough ground?	Yes	No
6	Would you have difficulty in looking over either shoulder:	Yes	No
7	Do you have any difficulty hearing normal conversation?	Yes	No
8	Are you taking any medication that is giving you dizziness or drowsiness?	Yes	No
9	Have you had any alcohol related illness during the last 12 months?	Yes	No
10	Are you suffering from Hand, Arm, Vibration Syndrome (HAVS)?	Yes	No
11	Allergies (If yes, please provide further details)	Yes	No
12	Anaemia	Yes	No
13	Asthma	Yes	No
14	Back Problems	Yes	No
15	Hernia	Yes	No
16	High or Low Blood Pressure	Yes	No
17	Joint Problems	Yes	No
18	Kidney / Bladder Disorders	Yes	No
19	Liver Disorders	Yes	No



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20	Mental Health Disorders	Yes	No
21	Phobia	Yes	No
22	Suffer from anxieties'	Yes	No
23	Stomach Disorders	Yes	No
24	Vertigo	Yes	No
25	Fear of Confined Spaces e.g. (Being in Tunnels)	Yes	No
26	Fear of Heights e.g. (Being on Large Parapets/Railway Arches)	Yes	No
27	Are you registered disabled? <i>(If yes please provide further details)</i>	Yes	No
Are you currently taking any prescribed medication <i>(If yes please provide further details)?</i>		Yes	No
Are you taking purchased medication <i>(If yes please provide further details i.e. how often and for what ailments)?</i>		Yes	No
<i>Please note, this information will be passed to the CA 24 LTD Medical support organisation to understand if the medication has the potential to impact on your ability to undertake your duties safely.</i>			
For additional comments, support information regarding the questions above or any other medical conditions, please provide details here. For any clarification, concerns or advice, please contact your Consultant. All discussion will be in confidence.			

Limited Company Details

Registered Company Name and Address:

1	Certificate of Company Incorporation -Attached
2	Company VAT Certificate - Attached
3	Company Insurance Certificates - Attached



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English Language – None-English Speaking Applicants (Please tick the box):

Can you communicate in English		Do you have any areas of concern in understanding the English Language in terms of reading or the written word:	
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I understand the requirements of the information provided. I have also been informed that should I have any concerns during assignments, while in the clients working environment including Safety issues, I should report this to my Client Management Team and/or CA 24 Consultant. I also have the option to have my details removed when I leave the company unless they are classified as Health and Safety documents i.e. Health, Incident Records etc. Such documents will be securely retained for the legally required duration.

I declare to the best of my knowledge, the information given in the Medical Self Certification Section are true and accurate and I will inform CA 24 Ltd consultant of any changes regarding my circumstances or health

Candidate Signature:	Date:
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Form Completed on behalf of the Applicant:

Name:	Contact Details:
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