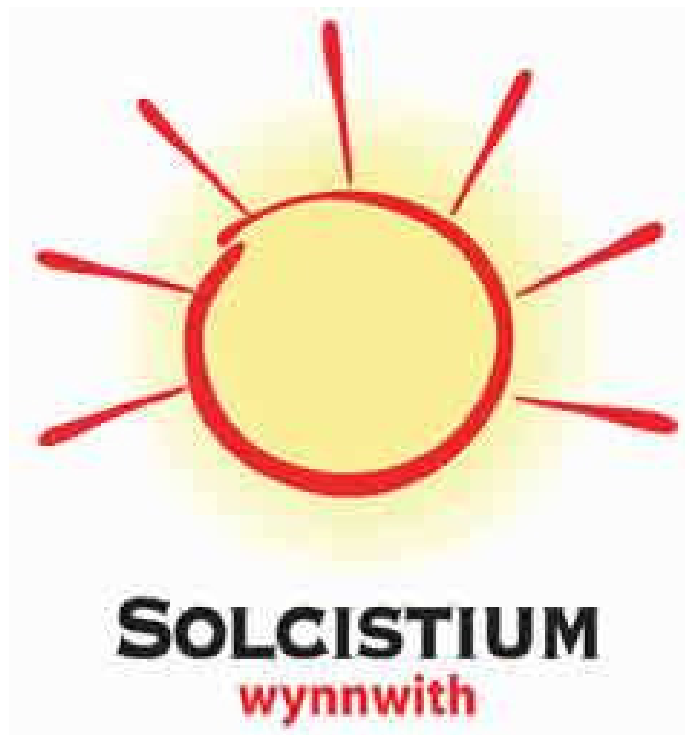
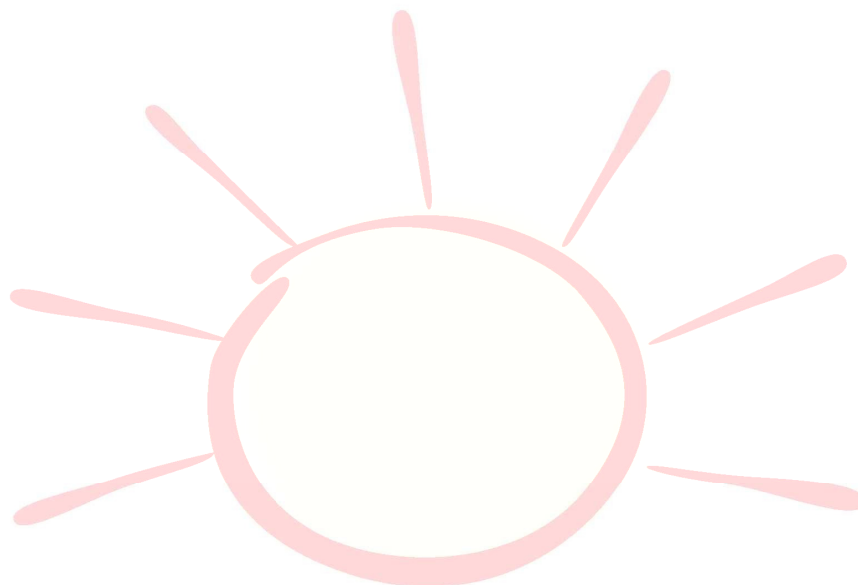


Candidate Name: _____

SOLCISTIUM

candidate pack





SOLCISTIUM
wynnwith

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Application pack for Solcistium candidates

Candidate Agreement to Representation

In order to be submitted by Solcistium to our clients for possible interview and/or engagement, please confirm your agreement to the following points by signature:

- 1- All information supplied to you by Solcistium and/or its clients with respect to potential engagement is strictly confidential and shall not be disclosed to any third party or used by you for your own personal benefit without the explicit consent of Solcistium and/or the Client.
- 2- You agree to be represented solely and exclusively by Solcistium for the current role(s), and any further roles first notified to you by Solcistium or for which interview is arranged for you via Solcistium.
- 3- You warrant the accuracy and truthfulness of all qualifications, experience and any other information represented by you to Solcistium and/or its clients.
- 4- You agree to the storage and processing of your information by Solcistium in accordance with current Data Protection legislation.

Print Name _____

Signature _____

Date _____

GUIDANCE NOTES FOR COMPLETION OF THE APPLICATION FOR ENGAGEMENT AS A TEMPORARY WORKER

We have designed this application form to help us select the best candidate for engagement and to eliminate the possibility of discrimination.

Please read these guidance notes carefully, before completing your application. If you need further assistance with please contact us.

SECTION 1 – Personal Details

We have asked you to confirm only enough information to enable us to contact you regarding your application. To avoid discrimination in the selection process, we have deliberately not asked for your sex or age. We have asked if you hold a full driving licence, although this will only be relevant to certain positions.

Explanatory note A

You are asked to confirm if you have ever been convicted of a criminal offence, subject to the Rehabilitation of Offenders Act 1974. (ROA) This means that you are only required to declare any UNSPENT convictions.

There are some positions which are exempt from the ROA. At the time of your application you will be informed if the post you are applying for is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, and if so you will be asked to declare any convictions you may have. We will disregard those irrelevant to the post you are applying for.

Explanatory note B

We have asked you to advise us of any condition or special requirements that you have which may affect your ability to take part in the recruitment process or to perform the duties of the position.

This may be a medical condition but it might also be specific requirements you may have regarding the timing of interviews or working arrangements. Any information you provide, will not count against you, but will help us consider ways to in which we can reasonably accommodate your needs and meet our responsibilities under the Disability Discrimination Act 1995 (DDA).

Please confirm if you consider yourself to have a disability within the meaning of the DDA. The DDA defines a disability as a physical or mental impairment which has a substantial and long-term effect on the ability to carry out normal day to day activities.

SECTION 2 – Work History

Please give the full name and address of your present or most recent employer/agency and your two former employers/agencies, if applicable.

Provide a brief description of your duties to give an indication of your experience.

SECTION 3 – Education and Qualifications

Please list any qualifications you have gained at school or in further education and any other vocational training or attainments outside work, which are relevant to the position. You can confirm here, if you a member of any professional institution.

SECTION 4 – Additional Information

Having regard to the duties of the position you are applying for, describe all the skills, abilities, knowledge and experience you have which you think are relevant to the post.

SECTION 5 – Next of Kin

This will be our first point of contact if you fail to show up at work or if you are involved in an accident at work.

SECTION 6 - References

If your application is successful we will ask your permission to contact two referees. Please identify the names and addresses of two persons who have agreed to provide a reference for you, one of whom should be your most recent employer/agency.

SECTION 7 - Declaration

Please read the declaration before signing your application, using only your last name and initials.

If you are successful in your application and it is subsequently found that you have misrepresented or falsified information on your application form, your engagement may be terminated.

SECTION 8 – Bank Details

These details will be dealt with confidentially by the Finance Department into which your money will be transferred weekly or monthly, net of any and all applicable PAYE, NIC, or other income tax or social charges which should be deducted from the fees for your services.

SECTION 9 – Form Return

Please fill in the application form correct and return it to the address stated to be processed accordingly. We will keep your details and contact as soon as we can.

SECTION 10 Opt-Out 48 Hour Working Week Agreement

The form is regarding the working time regulations. If you wish to opt-out of the 48-hour working week agreement, please sign the form.

If you fail to do so, we will assume that you do not want to work more than the legal maximum limit. For workers who have not returned the opt-out agreement, time sheets showing more than 48 hours will be queried and remain unpaid until investigations have been completed.

SECTION 11 Medical Questionnaires

It is important for us to know whether you will be able to do your job without adversely affecting the health and safety of yourself and others. Please ensure you complete all questions to help our medical advisors in making their assessment, explaining any positive answer in the space provided.

SECTION 12 – Equal Opportunities Monitoring

We are committed to providing equal opportunities and our policy is to ensure that no job application or temporary worker receives less favourable treatment, on the grounds of sex, race, colour, national or ethnic origin, marital status, disability, sexual orientation, religion or age.

To help us to monitor our policy please provide details below. This information will only be used for this purpose and will be kept in accordance with the Data Protection Act 1998.



SOLCISTIUM
A Division of Wynnwith Group Ltd

APPLICATION FOR ENGAGEMENT AS A TEMPORARY WORKER

Position			
Department			
Reference No.		Closing date:	

PLEASE READ THE GUIDANCE NOTES ON THE FRONT SHEET OF THIS FORM BEFORE YOU BEGIN COMPLETING YOUR APPLICATION.

SECTION 1: PERSONAL DETAILS

Surname		Full name	
Address			
Postcode			
Day time tel:		Evening tel:	
National Insurance number:			
Email Address:			
Would you like your payslips to be emailed to you?		YES / NO	
Do you hold a full, current driving licence?		YES / NO	
Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974 – please read explanatory note A)		YES / NO	
If YES please provide details:			
Do you have any condition or special requirements that may affect your ability to take part in the recruitment process and/or to carry out the duties of the position you are applying for? YES / NO (Please read the explanatory note B)			
If YES please tell us if there are any reasonable adjustments we can make to assist you during the recruitment process or to perform the job itself:			
Where did you hear about this vacancy?			

SECTION 2: WORK HISTORY

Please provide details of your PRESENT and 2 MOST RECENT employment / engagement			
Date	Employer/Agency's name and address	Position and brief details of duties	Period of employment/engagement (Specify your reason for leaving, if applicable)
Date	Employer/Agency's name and address	Position and brief details of duties	Period of employment/engagement (Specify your reason for leaving)
Date	Employer/Agency's name and address	Position and brief details of duties	Period of employment/engagement (Specify your reason for leaving)
Have you ever worked for Solcistium or Wynnwith before? If so, where and when?			

SECTION 3: EDUCATION AND QUALIFICATIONS

Please provide details and results of any SECONDARY EDUCATION or equivalent examination			
Certificate	Subject	Grade	Date
Please provide details and results of any FURTHER /HIGHER EDUCATION or equivalent examination			
Certificate	Subject	Grade	Date
Please provide details of any OTHER RELEVANT training or qualifications which you have obtained (either during or outside your employment)			



SECTION 4: ADDITIONAL INFORMATION

Please add here any additional information regarding your EXPERIENCE, SKILLS AND ABILITIES that you consider make you a suitable applicant for the position.
(Continue on a separate sheet if necessary)

SECTION 5: NEXT OF KIN

Name: _____

Relationship: _____

Address: _____

Telephone Number: _____

SECTION 6: REFERENCES

Please provide details of TWO persons who have agreed to provide a reference for you. One should be your present or last employer/agency. No approach will be made before an offer of engagement is made.		
Name		
Designation		
Address		
Telephone		

SECTION 7: DECLARATION

<p>I confirm that to the best of my knowledge, the information supplied by me on this application pack is correct.</p> <p>Signature: _____</p> <p>Date: _____</p>
--

SECTION 8: BANK DETAILS

<p>Bank name: _____</p> <p>Bank address: _____</p> <p>Sort code: _____ - _____ - _____ Account number: _____ (8 numbers)</p> <p>Building Society Reference Number: _____</p> <p>Account name: _____</p>

SECTION 9: FORM RETURN

<p>Please return your completed form to:</p> <p>Maneenate Ruckitana Solcistium Office Wynnwith House Church Street West Woking Surrey GU21 6DJ UNITED KINGDOM</p>

SECTION 10: Opt-Out of 48 Hour Working Week Agreement

1. DEFINITIONS

1.1 In this Agreement the following definitions apply: -

“Assignment”	means the period during which the Worker is engaged to render services to the Client;
“Client”	means the person, firm or corporate body engaging the services of the Worker;
“Employment Business”	means Solcistium, a division of the Wynnwith Group, Church Street West, Woking, Surrey GU21 6DJ;
“Temporary Worker”	means _____(please print name);
“Working Week”	means an average of 48 hours each week calculated over a 17-week reference period.

1.2 **References to the singular include the plural and references to the masculine include the feminine and vice versa.**

1.3 The headings contained in this Agreement are for convenience only and do not affect their interpretation.

2. RESTRICTION

2.1 The working Time Regulations 1998 provide that the Temporary Worker shall not work on an Assignment with the Client in excess of the Working Week unless he agrees in writing that this limit should not apply.

3. CONSENT

3.1 The Temporary Worker hereby agrees that the Working Week limit shall not apply to the Assignment.

4. WITHDRAWAL OF CONSENT

4.1 The Temporary Worker may end this Agreement by giving the Employment Business 2 weeks notice in writing.

4.2 For the avoidance of doubt, any notice bringing this Agreement to an end shall not be construed as termination by the Temporary Worker of an Assignment with a Client.

4.3 Upon the expiry of the notice period set out in 4.1 the Working Week limit shall apply with immediate effect.

5. THE LAW

5.1 These Terms are governed by English law and are subject to the exclusive jurisdiction of the English Courts.

Signature: _____

Name: _____ **(please print)**

Date: _____



SECTION 11: MEDICAL QUESTIONNAIRE - confidential

Before joining Solcistium, it is important for you and us to know whether you will be able to do your job without adversely affecting the health and safety of yourself and others. Your answers to these questions will enable medical staff to assess your health in relation to your proposed job. We do not consider disability to be a bar to engagement, but we do need to know that you are fit and able to carry out the duties of your proposed post safely. We would also like the opportunity to see if you need to be provided with any special facilities or adaptations that would make it easier for you to do your job.

Please ensure you complete all questions to help our medical advisors in making their assessment, explaining any positive answer in the space provided on page 13.

Surname	First Name
Date of Birth	Male / Female
Address	
Post Code	Telephone No
1. Title of post applied for:	
2. Are you currently receiving medical treatment or seeing a specialist or consultant? YES / NO If YES, please detail:	
3. Have you been investigated or treated by a consultant for any illness, physical or mental in the last five years? YES / NO If YES, please detail:	
4. Are you affected by any condition which may impair your ability to cope at work, for which we may assist you? YES / NO If YES, please detail:	
5. Do you take or have you been advised to take any treatment regularly? YES / NO If YES, please give details (drug name and dose and any side effects):	

6. Have you ever suffered from, or had investigations for, any of the following:
If you have answered YES to any of the questions, please give dates and details overleaf

<u>CONDITION</u>	
a) Heart problems?	YES / NO
b) Do you wear a heart pace maker?	YES / NO
c) Raised blood pressure?	YES / NO
d) Anaemia?	YES / NO
e) Tuberculosis?	YES / NO
f) Diabetes?	YES / NO
g) Asthma/ Hayfever/ Bronchitis/ Pneumonia?	YES / NO
h) Allergies?	YES / NO
i) Drug sensitivity?	YES / NO
<u>CONDITION</u>	
j) Alcoholism/Drug dependency?	YES / NO
k) Eczema or other skin conditions?	YES / NO
l) Ear, nose, throat infection?	YES / NO
m) Deafness or ear problems?	YES / NO
n) Blindness or eye problems?	YES / NO
o) Do you wear glasses / contact lenses?	YES / NO
p) Dyslexia?	YES / NO
q) Migraine?	YES / NO
r) Dental problems?	YES / NO
s) Digestive problems?	YES / NO
t) Stomach Ulcer/Hernia?	YES / NO
u) Bladder or kidney problems?	YES / NO
v) Back or neck problems or any pains anywhere in arm/hand?	YES / NO
w) Any lower limbs disorder including leg/foot problems?	YES / NO
x) Fits or blackouts (Epilepsy)?	YES / NO
y) Nervous trouble/stress/anxiety/ depression?	YES / NO
z) Have you ever seen a Psychiatrist or Psychologist or Counsellor?	YES / NO
aa) Gynaecological problems?	YES / NO
bb) Have you ever attended hospital for any illness infection, operations or serious injury not already mentioned?	YES / NO

<p>7. Have you ever had any other form of serious illness or operation?</p> <p>Details of illness and treatment, including dates:</p> <p>If any of these conditions or their effects still trouble you, please give further details here:</p>	<p>YES / NO</p>
<p>8. Have you had any sickness during the last two years? If YES, please state:</p> <p>Number of periods of sickness:</p> <p>Duration of periods of sickness. Please give dates:</p> <p>Nature of illness:</p>	<p>YES / NO</p>
<p>9. Name and address of your doctor:</p> 	
<p>10. Are you a registered disabled person? If YES, please state registration number and nature of disability</p>	<p>YES / NO</p>
<p>I acknowledge that Solcistium can require me to submit myself for examination by a duly qualified medical practitioner appointed by them or make available medical evidence or information sought by the medical practitioner. I confirm that, if required, I authorise my own doctor to reply to any query concerning my health or medical history with the medical advisors to Solcistium may refer to him/her. I also agree to the submission of a report to the Human Resources by Solcistium's medical adviser(s) based on those examinations and/or enquiries, in so far as they relate to my present condition.</p> <p>I declare that to the best of my knowledge my answers to the above questions are correct and I am not suffering from any condition which I have not revealed. I understand that any proved intentional falsification of statements may be the subject of disciplinary action and could lead to the termination of my appointment.</p>	
<p>Signature</p>	<p>Date</p>

For Office Use Only

In view of the above statement I am of the opinion that this candidate should be:

- i) Accepted as fit for engagement
- ii) Medically examined
- iii) Rejected

Signature

Date

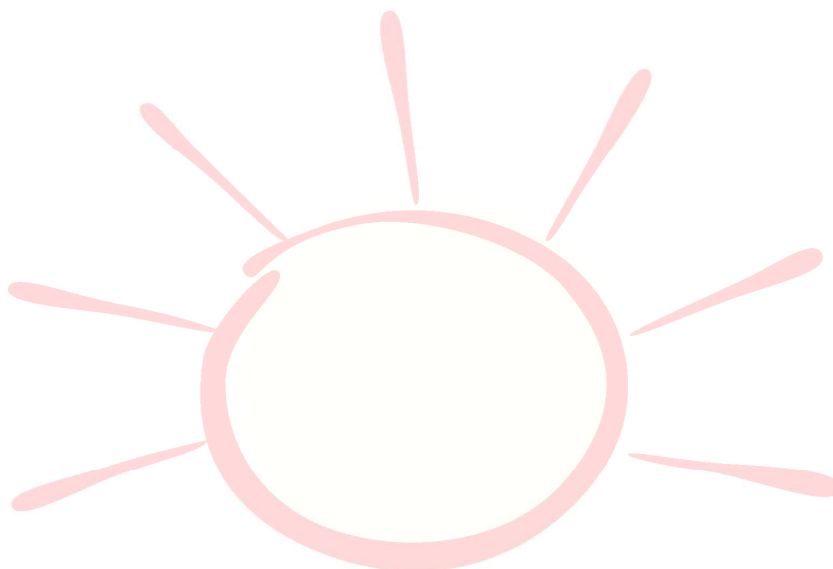
Result of Medical Examination (if Held):

In view of the above statement I am of the opinion that this candidate should be:

- i) Accepted as fit for engagement
- ii) Rejected

Signature

Date



SOLCISTIUM
wynnwith

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SECTION 12: EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

We are committed to providing equal opportunities and our policy is to ensure that no job application or workers receives less favourable treatment, on the grounds of sex, race, colour, national or ethnic origin, marital status, disability, sexual orientation, religion or age.

To help us to monitor our policy please provide details below. This information will only be used for this purpose and will be kept in accordance with the Data Protection Act 1998.

POSITION			JOB REFERENCE	
SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Other	
DATE OF BIRTH	/ /			
DISABILITY	Do you consider yourself to have a disability? (See explanatory note)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ETHNIC GROUP	Please tick which of the following categories indicates your cultural background.			
WHITE	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other			
MIXED	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other			
ASIAN OR ASIAN BRITISH	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other			
BLACK OR BLACK BRITISH	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other			
CHINESE OR OTHER	<input type="checkbox"/> Chinese <input type="checkbox"/> Other			
UNCLASSIFIED	<input type="checkbox"/> Unclassified/Declined to specify			
RELIGION	Please specify		<input type="checkbox"/> None	