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| **PRIVATE AND CONFIDENTIAL**  **REGISTRATION OF INTEREST** | A close up of a sign  Description automatically generated |
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| **CONTRACT POLICY** |
| This form must be completed fully and honestly. If not applicable, please write “Not Applicable” in the space provided. |

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| **POSITION APPLIED FOR:** |  |
| **If someone recommended you to CDER, please detail their name to the right.** |  |
| **Once completed, please return this form to:**  Applications OR applications@cdergroup.co.uk  P O Box 58  Darlington  DL1 9AE | |

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| **DETAILS** | | | |
| **Company Name (if applicable):** | | | |
| **Surname:** |  | **Middle Name(s):** |  |
| **Forename(s):** |  | **Title:** |  |
| **Daytime telephone number:** |  | **Home telephone number:** |  |
| **E-mail Address:** |  | | |

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| **Current Address, including postcode:** |  | |
| **Previous Address(s) in the last 6 years (if applicable), and dates** |  | **Date to:**  **Date from:** |
| **Previous Address(s) in the last 6 years (if applicable), and dates** |  | **Date to:**  **Date from:** |
| **Previous Address(s) in the last 6 years (if applicable), and dates** |  | **Date to:**  **Date from:** |
| **Use the continuation sheet at the back, if necessary** | | | |
| **National Insurance number:** |  | |
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| **VAT Registration Number:** |  | |

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| **CONTRACT/ EMPLOYMENT HISTORY - LAST THREE YEARS** | | | | | | | | |
| Please complete in full and start with your most recent contract or employment and work backwards. Use the continuation sheet if necessary | | | | | | | | |
| **#** | **From / To (month/year)** | **Company/Employer’s name, address and nature of business** | | | **Job Title and brief outline of duties** | | **Day rate** | **Reason for Leaving** |
| **1** |  |  | | |  | |  |  |
| **2** |  |  | | |  | |  |  |
| **3** |  |  | | |  | |  |  |
| **Use the continuation sheet if necessary** | | | | | | | | |
| **RELEVANT TRAINING/QUALIFCATIONS/CERTIFICATION** | | | | | | | | |
| **Please give details of any relevant training/qualifications, e.g. Taking Control of Goods Certification** | | | | | | | | |
| **Place of Study** | | | **Type of training** | **Subject** | | **Grade** | | |
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| **ENFORCEMENT AGENT CERTIFICATION** | |
| **If you are a Certificated Enforcement Agent, please provide details of your current certificate** | |
| **Issuing Court** |  |
| **Certificate Expiry** |  |

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| **YOUR APPLICATION TO CDER** | |
| **When would you be able to commence this contract for services?** |  |

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| **DECLARATIONS** | | |
| 1. **Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?**   Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed and will be taken into account in deciding whether to offer a contract for services.  Any information will be completely confidential and will be considered only in relation to this application. In addition, a disclosure and barring check will be a mandatory check prior to engagement.  Any convictions/cautions undisclosed could result in immediate termination of the contract for services and potential reimbursement by the contractor for any costs incurred.  If yes, please detail below: | **Yes 🞏** | **No 🞏** |
| 1. **Do you have any CCJ (county court judgments) / court decrees against you?**   If yes, please detail below: | **Yes 🞏** | **No 🞏** |
| Details of the County Court Issuing the Judgement |  | |
| Date of the County Court Judgement |  | |
| Amount of the County Court Judgement |  | |
| Date the County Court Judgment was satisfied |  | |
| Please note, you may be required to provide evidence that the County Court Judgement has been satisfied. | | |
| 1. **Are you or have you ever been declared bankrupt or are you going through undischarged bankruptcy?**   If yes, please detail below: | **Yes 🞏** | **No 🞏** |

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| **Please tick in the box if you agree that your application is subject to the following statements:** | |
| **🞏** | I understand that if I am offered a contract for services, a check against the National Collection of Criminal Records will be undertaken, along with a credit bureau check. |
| **🞏** | I declare that all the information I have given on this application form is true to the best of my knowledge and belief. |
| **🞏** | I understand that my application may be rejected and/or that I may be subject to termination of my contract for services if I have given false information or withheld relevant details. |
| I declare that the information I have given is true and complete to the best of my knowledge and belief.  **Name: …………………………………………………**  **Signed: …………………………………………………**  **Date: …………………………………………………** | |

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| **Important: General Data Protection Regulations 2018 (GDPR**). This form asks you to supply “personal” data as defined by the GDPR. You will be supplying this data to the appropriate HR department where it may be processed exclusively for the purpose of a check against the Collection of Criminal Records. The HR department will protect the information, which you provide and will ensure that it is not passed to anyone who is not authorised to see it. By completing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above. If you have any concerns, about any of the questions or what we will do with the information provided, please contact the person named in the job details for further information. |

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| **DRIVING LICENCE PARTICULARS** | | |
| **Do you hold a current valid vehicle driving licence?** | **Yes 🞏** | **No 🞏** |
| **If yes, is it a full or provisional licence** | **Full 🞏** | **Provisional 🞏** |
| **Do you have any driving endorsements?** | **Yes 🞏** | **No 🞏** |
| **If yes, please state what they are, when they were received and when they are due to expire** | | |
| **CONTRACTOR CANDIDATE CONSENT** | | |
| **Please complete this section to provide consent for CDER to conduct bi-annual driving licence checks and confirmation of your obligations. This will only be progressed when you have been offered a contract for services.**  As per section 87 of the Road Traffic Act 1988, it is an offence to drive, or allow a person to drive without a licence.  CDER needs to ensure that our contractors who drive for business purposes have a valid licence, which lists the correct driver information and is updated with any endorsements or limitations.  By signing this consent form, I declare that the licence I have produced for inspection is the only valid licence issued to me, and I am not disqualified.  In addition, I confirm I will notify CDER immediately in writing: -   1. In the event of any incident/prosecution that may lead to the suspension of my licence, including convictions for driving or motor-related offences, or the development of health/medical problems 2. If I become disqualified from driving 3. Any health or medical issues that may affect my ability to drive safely and will provide such information from my medical adviser.   To comply with the General Data Protection Regulation (GDPR) we must ask your permission to store and process your personal and sensitive data for this purpose.  **I confirm I give my consent for CDER Group to view and store information about my driving licence provided by the DVLA.**  **Driving Licence Number:** ……………………………….  **National Insurance Number:** …………………………………  **Name:** ………………………………………………….  **Signature:** …………………………………………………  **Date:** ………………………………………………….. | | |

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| **CONTRACTOR CANDIDATE CONSENT** | | |
| By completing this section, you are providing your consent to CDER to conduct the required searches. | | |
| If you agree with the statements below, please tick the Yes boxes; if you do not, please tick the No boxes. You may agree to some and not to others. | | |
| I consent to CDER processing my information in accordance with the Privacy Policy and this Consent form | **Yes 🞏** | **No 🞏** | |
| I consent to CDER instructing an external organisation to undertake a security background check relating to me and I understand that this will involve a search of publicly available information including social media and may involve processing information about my political opinions and any criminal record which I have. | **Yes 🞏** | **No 🞏** | |
| I consent to CDER instructing an external organisation to undertake a Baseline Personnel Security Standard screening relating to me. I understand this involves verification of identity; nationality and immigration status; employment history (past 3 years) and criminal record. | **Yes 🞏** | **No 🞏** | |
| I consent to CDER using my date of birth in order to send a celebratory card and sharing my day of birth (but not year of birth or age) on internal newsletters. | **Yes 🞏** | **No 🞏** | |
| You may withdraw your consent given above at any time.  If you wish to do so, please contact cder-privacy@cdergroup.co.uk or download and complete the opt-out form on our website explaining which information you are referring to. We will stop processing this particular personal information as soon as possible after receiving your withdrawal except to the extent that we need to keep the information for regulatory purposes or in connection with legal proceedings.  **Name: ………………………………………………… Signed: …………………………………………………**  **Date: …………………………………………………** | | | |

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| **DECLARATIONS** |
| Please complete all sections of this form and read the declarations carefully before signing this application.  I confirm that the information given in this completed application is true and accurate, and that any untrue or misleading information may result in my contract for services being terminated.  I agree that should I be given a contract for services, CDER may apply to the Disclosure and Barring Service for a basic disclosure. I understand that should the disclosure not be to the satisfaction of the company, any contract offered may be withdrawn.  **Name: …………………………………………………**  **Signed: …………………………………………………**  **Date: …………………………………………………** |

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| **CONTINUATION SHEET** |
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