

## PREVIOUS ADDRESS DETAILS

If less than 5 years at current address (essential for credit check)

## MEDICAL INFORMATION

This information is required with your interest in mind and will be retained in strict confidence and any information disclosed would not affect your transfer. If further information is required from your medical practitioner, your written consent will be obtained beforehand. You may be referred to a doctor appointed for the company so that a medical examination can be carried out.

	No	Yes	Please give details
The role may involve long periods of any of the below activities, Please indicate if any of these present a problem to you:			
• Sitting for long periods			
• Standing for long periods			
• Being 'on your feet' for the majority of your working day			
Do you have any condition which may prevent you from 'Lone Working' i.e. without direct contact with another person for >1 hour			
Are there any permanent disabilities/on going illnesses or investigations			
The role may involve occasional Manual Handling, will you be able to do this?			
Are you on any medication which may be adversely affected by irregular shift patterns, working nights and/or irregular meal breaks			
Is there any reason you would not be able to work outside? (heat/cold/weather)			
Do you have any visual impairment which may prevent you viewing CCTV/Computer or Alarm panel indicators?			
Do you have any phobias or physical conditions which may affect your working activities (heights/open spaces/ confined spaces/crowds)			
Do you have any condition which makes you particularly Sensitive to fumes/dusts, such as asthma or respiratory issues			
Do you have any know allergies, if so please detail			
Had an operation			
Been seriously injured			
Received in-patient/out-patient treatment within the last 5 years			
Been refused or dismissed from employment for health reasons			
Received a disability/been registered disabled			
Been made ill by your work			
Been refused a drivers licence because of ill health			
Are you colour blind			
When did you last have any eye test			
Have you ever claimed compensation for an injury sustained at work			
Been off work continuously for a period of two weeks or more			
In the past 12 months how many days were you absent from work due to illness			

## Welcome to VSG

### PERSONAL INFORMATION FORM

We believe that the Transfer of Undertakings (Protection of Employment) Regulations 2006 applies and we require the Personal Information Form to be completed to ensure that we have all the relevant information to make this a smooth transition.



650 Pavilion Drive, Northampton Business Park NN4 7SL  
Tel: 08456 440511 Fax: 08456 432136

#### SIA LICENCE DETAILS

Licence Type	Licence No.	Expiry Date
Security Guarding		
Door Supervisor		
CCTV		
CPL		

Start date with VSG	Start date (TUPE)	PIN No.

#### PERSONAL DETAILS

TITLE Mr / Mrs / Miss / Ms	SURNAME	Telephone
SURNAME (at birth if different)		Mobile
FORENAME		Email
ADDRESS		
POSTCODE	(Please give details of previous addresses for the last 5 years on the back of the application form)	

NATIONAL INSURANCE NO.	COUNTRY OF BIRTH
NATIONALITY	DATE OF ENTRY TO UK if applicable
PROOF OF IDENTITY / AUTHORITY TO WORK IN THE UK WILL BE REQUIRED Please circle which of the following can be produced	
PASSPORT / BIRTH CERTIFICATE / IMMIGRATION PAPERS / VISA / WORK PERMIT Please state expiry date	

#### BANK DETAILS

BANK NAME	SORT CODE _____
BANK ADDRESS	ACCOUNT NUMBER _____
	ROLL NO./ ACCOUNT NAME _____

#### TRANSPORT

Please give details of driving licence held	FULL CAR / MOTORBIKE / PROVISIONAL / INTERNATIONAL / NONE
Do you have full access to your own transport Please state number of points, if any, on your licence	YES / NO

#### EDUCATION HISTORY - Please give details of any school, college or university attended within last 5 years

School Name & Address	Dates attended From / To	School Name & Address	Dates attended From / To

**SERVICE RECORD - Please give details of any Military or Civilian Forces served in**

ROYAL NAVY / ARMY / RAF / FIRE / POLICE / TA	Dates From / To
Unit or Regiment	Service No.
Rank on Leaving	Conduct Assessment on Leaving

**CRIMINAL CONVICTIONS & OFFENCES EFFECTING LICENSING**

Subject to the Rehabilitation of Offenders Act 1974, have you ever been fined, imprisoned, placed on probation, discharged on payment of costs or had any Order made against you by a Criminal, Civil or Military Court? (This excludes motoring offences) YES / NO

Are there any alleged offences outstanding against you? YES / NO

IF YOU HAVE ANSWERED YES TO EITHER OF THE ABOVE PLEASE GIVE DETAILS

**FINANCIAL HISTORY - this is required for the standard Security Industry screening checks**

Have you any outstanding debts that you have been unable to service, or attachments to earnings? YES / NO

Do you have a bankruptcy order or any individual voluntary arrangements? YES / NO

Are you the subject of any County Court proceedings (County Court Judgements)? YES / NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE GIVE DETAILS

**PERSONAL REFERENCES - please give names & addresses of 2 people you have known for at least 5 years (not relations or employers)**

Name	Name
Address	Address
Phone No	Phone No
How long known	How long known

**SELF EMPLOYMENT - please include in employment history (If applicable please provide accountant or trade reference)**

Name

Address

Phone No.

**NEXT OF KIN DETAILS - PLEASE PROVIDE CONTACT IN CASE OF EMERGENCY**

Name Relationship

Address

Phone No.



**EMPLOYMENT HISTORY - a full 5 year employment / back to school history is required**

Please give full details of your current / previous Employers, Benefits Offices for unemployment claims & self employment

Company Name, Address & Phone No. or Email	Dates Months & Years		Job Title & Hourly Pay	Reason for Leaving
	From	To		

**DECLARATION - please read this carefully before signing the form**

On completing this form, I have read and accepted any conditions outlined within it. I give permission for the Company to approach previous employers, schools, colleges, personal referees or Government Agencies to verify that the information I have given is correct. I also authorise VSG to Credit Reference Check as required.

I certify that, to the best of my knowledge, the information that I have given is true and correct and I understand that any false statements or omission may result in me being liable to disciplinary action. I consent to the Company (and any Group/Associated company) processing my personal data and sensitive personal data as defined in the DPA 1998 for the purposes of carrying out payroll, administrative, personnel and other management duties. I agree that the Company (or Group/Associated company) may make this information available to others and I understand that the processing of my information may involve the transfer of my personal and sensitive information outside the EEA. I agree to this transfer.

(Please note that any original documentation provided may be checked under ultra-violet to confirm authenticity. Any original identity documents that appear to be forgeries will be reported to the relevant authority.)

Print Name Signature Date

**EQUAL OPPORTUNITIES - (Voluntary)**

My ethnic origin is (please circle)

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other
British	White & Black Caribbean	Indian	Caribbean	Chinese
Irish	White & Black African	Pakistani	African	Other - Please state
Other - Please state	White & Asian	Bangladeshi	Other - Please state	
	Other - Please state	Other - Please state		

DATE OF BIRTH / / AGE