



CREW SHEET

Please complete and return with relevant copies of certificates etc to show evidence of your experience & competency.

SECTION 1 (a) - PERSONAL DETAILS

Name		Date of Birth:	
Address:		Phone:	
		Fax:	
		Mobile:	
Postcode:		Email:	

SECTION 1 (b) – EMERGENCY CONTACTS - Particulars of two contacts in the event of an accident **THIS INFORMATION MUST BE PROVIDED BEFORE YOU GO ON SITE.**

Name:			
Relationship:			
Telephone:	Day:	Eve:	

Name:			
Relationship:			
Telephone:	Day:	Eve:	

SECTION 1 (c) – MEDICAL DETAILS

THIS INFORMATION IS USEFUL ON SITE SHOULD YOU FALL ILL OR HAVE AN ACCIDENT.

Doctor's Name				
Practice Address				
Serious Allergies				
Medical Conditions				
Vaccinations				
Date of vaccination				

SECTION 2 – QUALIFICATIONS/ EXPERIENCE - Please enclose details/copy of certificates

Activity	Level of experience ✓ (please tick all that apply)		Details (certificates etc)
	Some	Considerable	
Counter Balance Forklift			
All Terrain Forklift			
Telescopic Forklift			
MEWP (cherry picker)			
Rigging			
Scaffolding (traditional)			
Scaffolding (system)			
Lifting Gear Inspection			
Lodestar Operator			
Verlinde Operator			
Modular Staging (eg Steeldeck)			
Carpentry			
Electrics			
Local Crew			
Health & Safety			
Computer Literacy			
NRC Registration Number and assessed level			
First Aid	Yes?	No?	Expiry date:

SECTION 3 - DRIVING - Do you have any of the following Licences or Certificates?

Driving Licence Details (If yes, include details below)				Yes / No
Driver No.		Date Passed	Type Held	

Heavy Goods Vehicle - (If yes, include details below)				Yes / No
Driver No.		Date Passed	Type Held	

Have you experience in driving a 7.5 tonne truck	Yes / No
Does your Driving Licence have any endorsements	Yes / No
If yes, give full details and provide a copy: (Incl. Dates)	

SECTION 4 - PASSPORT / TRAVEL (proof of identity and security clearance required for clients on some of our contracts) **MUST BE PROVIDED BEFORE YOUR FIRST CONTRACT**

Type of Passport			
Passport number			
Place Issued at			
Date Issued		Place of birth	
Expiry Date			

SECTION 5 – REFERENCES - Please provide the names and addresses of two companies/clients whom we could contact for a reference:

Reference 1:	Reference 2:

SECTION 6 – ADDITIONAL INFORMATION - Is there anything else you would like to add (or send an accompanying letter or cv).

SECTION 7 – PUBLIC LIABILITY INSURANCE

COPY OF CURRENT INSURANCE POLICY MUST BE PROVIDED

Name of Insurance Broker:	
Certificate / Policy Number:	
Expiry Date:	

SECTION 8 – SELF- EMPLOYMENT DECLARATION

Please confirm that you are responsible for paying your own (class 2) national insurance contributions		Yes / No
Self-assessment number		
I declare that I am self-employed and take responsibility for the payment of my own Tax and National Insurance contributions		
Signed:		Date:

SECTION 9 – BANK DETAILS

Bank Name:			
Branch:			
Address:			
Account Name: (As on Cheque Book)			
Account Number:		Sort Code	

SECTION 10 -DECLARATION:

I confirm that the above information is true and correct and I will notify Knight Rigging Services Ltd should any of the above details change.

Signed: _____

Date: _____