

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:	

<u>SECTION 1 (b) – EMERGENCY CONTACTS</u> - 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
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Activity	Level of experience (please X all that apply)				
	Some	Consid	erable	Detail	s (certificates etc)
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 D	etails (If yes, incl	ude 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) <u>MUST BE PROVIDED BEFORE YOUR FIRST CONTRACT</u>

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

<u>SECTION 5 – REFERENCES</u> - 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 <u>MUST</u> BE PROVIDED

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

SECTION 8 – SELF- EMPLOYMENT DECLARATION

Please confirm that you are responsible for paying your own (class 2) national insuran 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 Nun	iber:		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.

Date: _____

Please click here to upload and send this to us along with any supporting document	S
and we'll be in touch.	