

**Star Events Group Ltd**

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Logged by:

**Website Version**

Date:

**FREELANCER DETAILS**

Complete and return with relevant copies of certificates etc to show evidence of your competencies.

**PART I - PERSONAL DETAILS**

<b>Name</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Phone:</b>	
		<b>Fax:</b>	
		<b>Mobile:</b>	
<b>Postcode:</b>		<b>Email:</b>	

**PART 2 – SELF- EMPLOYMENT**

<b>Please confirm that you are responsible for paying your own (class 2) national insurance contributions</b>	Yes / No
<b>Self-assessment number</b>	
<b>Public Liability Insurance (please attach a copy of your current certificate)</b>	
<b>I declare that I am self-employed and take responsibility for the payment of my own Tax and National Insurance contributions</b>	
Signed:	Date:

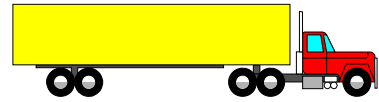
**PART 3 – BANK DETAILS**We prefer to make payments to our suppliers directly via **BACS****IF YOU WISH TO BE PAID BY BACS, PLEASE COMPLETE THIS SECTION.**

<b>Bank Name:</b>			
<b>Branch:</b>			
<b>Address:</b>			
<b>Account Name:</b> (As on Cheque Book)			
<b>Account Number:</b>		<b>Sort Code</b>	

**PART 3 – COMPETENCES/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			
Lorry Loader (hiab)			
MEWP (cherry picker)			
MEWP (flying carpet)			
Slinger Signaller			
Rigging			
Scaffolding (traditional)			
Scaffolding (system)			
Lifting Gear Inspection			
Lodestar Operator			
Verlinde Operator			
Modular Staging (eg Steeldeck)			
Temporary Roofs			
Hydraulics			
Mechanics			
Carpentry			
Electrics			
Local Crew			
Conference Crew			
Health & Safety			
Computer Literacy			
Other (Give Details)			
First Aid	Yes?	No?	Expiry date:



**PART 4 DRIVING**

Do you have any of the following Licences or Certificates?

Driving Licence Details (If yes, include details below)				Yes / No
Driver		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)	

**PART 5 – REFERENCES**

Please provide the names and addresses of two companies/clients whom we could contact for a reference:

Reference 1:	Reference 2:

**PART 6 - PASSPORT / TRAVEL** (for proof of identity and security clearance for clients on some of our contracts) **WE WILL NEED A COPY BEFORE YOUR FIRST CONTRACT**

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

**PART 8 - EMERGENCY**

**THIS INFORMATION IS REQUIRED BEFORE YOU GO ON SITE.**

Particulars of two contacts in the event of an accident.

<b>Name:</b>		
<b>Relationship:</b>		
<b>Telephone:</b>	<b>Day:</b>	<b>Eve:</b>

<b>Name:</b>		
<b>Relationship:</b>		
<b>Telephone:</b>	<b>Day:</b>	<b>Eve:</b>

**PART 9 - MEDICAL**

**YOU NEED NOT GIVE THIS INFORMATION BUT IT IS USEFUL ON SITE SHOULD YOU FALL ILL OR HAVE AN ACCIDENT.**

<b>Doctor's Name</b>				
<b>Practice Address</b>				
<b>Serious Allergies</b>				
<b>Medical Conditions</b>				
<b>Vaccinations</b>				
<b>Date of vaccination</b>				

**PART 10**

Is there anything else you would like to add (or send an accompanying letter or cv).


**PART 11 DECLARATION:**

I confirm that the above information is true and correct and I will notify Star Events Group should any of the above details change.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Operations\admin\procedures manual\procedure forms\freelancer details 07