

ATTACH
PHOTOGRAPH
HERE



Renard

For all your hospitality recruitment

To be completed by consultant

Temps Name		Date of Reg.	
Job Category		Returning Employee	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
Copies Taken		Prevention of illegal working	
Front Cover of Passport	<input checked="" type="checkbox"/>	Nationality	
ID Page of Passport	<input checked="" type="checkbox"/>	Passport Expiry Date	
Visa Page (If Applicable) <input checked="" type="checkbox"/>	Visa Documents <input checked="" type="checkbox"/>	Visa Type (If Applicable)	
Paperwork with application		Visa Expiry Dates	Year 1 Year 2 Year 3
P45 / P46 Submitted <input checked="" type="checkbox"/>	Two Passport Pictures <input checked="" type="checkbox"/>	School Letter	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
Skills Questionnaire	<input checked="" type="checkbox"/>	School Expiry Dates	Year 1 Year 2 Year 3
English Communication Test	<input checked="" type="checkbox"/>	WRS YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	Date Registered
Two Reference Details	<input checked="" type="checkbox"/>	If Partners or Spousal Visa, Copy Taken of Passport <input checked="" type="checkbox"/>	
Temp Applicant			
Uniform Check <input checked="" type="checkbox"/>	Medical Questionnaire Complete <input checked="" type="checkbox"/>	WTD Complete <input checked="" type="checkbox"/>	
Contract Copy Issued <input checked="" type="checkbox"/>	Helpful Hints Issued <input checked="" type="checkbox"/>	ID Issued <input checked="" type="checkbox"/>	
Availability <input checked="" type="checkbox"/>	Candidate Card Made <input checked="" type="checkbox"/>	Number on Ring Round List <input checked="" type="checkbox"/>	
SKILLS TEST SCORE		Job Skills /	Health & Safety /
		Food Hygiene /	
NOTES			
To Start Work Date		Finish Work Date	
Registering Consultant		Signed off to Work By	

HISTORY

Which other agencies have you worked for?

Where have they sent you?

What training did you receive?

In line with the Rehabilitation of Offenders act 1974, do you have any unspent criminal convictions? If YES please state.

PLEASE PROVIDE DETAILS OF 2 PREVIOUS PLACES OF WORK

REFERENCE ONE

Company
Address
Dates From: To:
Position
Contact Name
Tel No.
Contact Name Position
Reason for Leaving

REFERENCE TWO

Company
Address
Dates From: To:
Position
Contact Name
Tel No.
Contact Name Position
Reason for Leaving

Please sign to agree you are happy for us to contact the above companies for reference information on you.

PRINT NAME SIGNED BY TEMP DATE

FOR OFFICE USE ONLY

VERBAL REFERENCES ONLY

REFERENCE ONE

	EXCELLENT	GOOD	SATISFACTORY	POOR
Honesty				
Attendance / Health Record				
Quality of Work				
Attitude				
Relationship with Colleagues				
Relationship with Clients				
Flexibility				
Timekeeping				
Appearance				
Would you re-employ	YES	✓	NO	✓
Any Additional Info				
Reference Taken By				

REFERENCE TWO

	EXCELLENT	GOOD	SATISFACTORY	POOR
Honesty				
Attendance / Health Record				
Quality of Work				
Attitude				
Relationship with Colleagues				
Relationship with Clients				
Flexibility				
Timekeeping				
Appearance				
Would you re-employ	YES	✓	NO	✓
Any Additional Info				
Reference Taken By				

NEW STARTERS

Returning Employee

YES



NO



CONTACT DETAILS

Mr | Mrs | Miss | Other (please specify)

First Name

Family Name

Date of Birth

Nationality

VISA

YES



NO



Type

National Insurance No.

Email

Passport Number

ADDRESS

House / Flat No.

Street Name

Town

County

Postcode

Home Tel No.

Mobile Tel No.

BANK DETAILS (ACCOUNT MUST BE IN YOUR OWN NAME)

Name of Bank

Address

Name of Account Holder

Type of Account

Sort Code

PAYMENT BY

Cheque



Bank



Account No.

PRINT NAME

SIGNED

DATE

Internal Use

ACCOUNTS DEPARTMENT

SIGNED

Passport Expires

Visa Expires

School Letter Expires

TERMS OF ENGAGEMENT

Between Renard Resources
(hereinafter called "Employment Business")

And Mr | Mrs | Miss | Ms
(hereinafter called "Temporary Worker")

Print by Employment Business

Category

Minimum Hourly Rate

1. DEFINITIONS

1.1 In these Terms of Engagement the following definitions apply:- "Assignment" means the period during which the Temporary Worker is supplied to render services to the client. "Client" means the person, firm or corporate body requiring the services of the Temporary Worker.

1.2 Unless the context otherwise requires references to the singular include the plural and references to the masculine include the feminine and vice versa

1.3 The headings contained in these Terms are for convenience only and do not affect their interpretation.

2. THE CONTRACT

2.1 These Terms constitute a contract for services between the Employment Business and the Temporary Worker and they govern all Assignments undertaken by the Temporary Worker. However no contract shall exist between the Employment Business and the Temporary Worker between Assignments.

2.2 For the avoidance of doubt, these Terms shall not give rise to a contract of employment between the Employment Business and the Temporary Worker. The Temporary Worker is engaged as a self-employed worker, although the Employment Business is required to make statutory deductions from his remuneration in accordance with clause 4.1

2.3 No variation or alteration of these Terms shall be valid unless approved by the Employment Business in writing.

3. ASSIGNMENT

3.1 The Employment Business will endeavour to obtain suitable Assignments for the Temporary Worker to work as, see above category.

3.2 The Temporary Worker acknowledges that the nature of temporary works means that there may be periods when no suitable work is available and agrees that suitability shall be determined solely by the Employment Business. The Employment Business shall incur no liability to the Temporary Worker should it fail to offer opportunities to work in the above category or in any other category.

3.3 For the purpose of calculating the average number of weekly hours worked by the Temporary Worker on Assignment, the start date for the relevant averaging period under the Working Time Regulations shall be 1st October 1998 or the date on which the Temporary Worker commences the first Assignment, if later.

4. REMUNERATION

4.1 The Employment Business shall pay to the Temporary Worker remuneration calculated at a minimum hourly rate stated. The actual rate will be notified on a per Assignment basis for each hour worked during an Assignment (to the nearest quarter hour) to be paid weekly in arrears, subject to deductions in relation to PAYE, Class 1 National Insurance Contributions and Income Tax pursuant to S134 of the Income and Corporation Taxes Act 1993 and any other deductions which the Employment Business may be required by law to make.

4.2 Subject to any statutory entitlement under the relevant legislation, the Temporary Worker is not entitled to receive any payment from the Employment Business or Clients for the time not spent on Assignment, whether in respect of holidays, illness or absence for any other reason unless otherwise agreed.

5. STATUTORY LEAVE

5.1 For the purpose of calculating entitlement to leave under the clause, the leave year commences the day you start and finishes on day 365.

5.2 Under the Working Times Regulations 1998, the Temporary Worker is entitled to 24 days paid leave per year. All entitlement to leave must be taken during the course of the leave year in which it accrues and none may be carried forward to the next year.

5.3 Entitlement to pay for leave accrues in proportion to the amount of time worked continuously by the Temporary Worker on Assignment during the leave year. The amount of payment which the Temporary Worker will receive in respect of period of annual leave taken during the course of an Assignment will be calculated in accordance with and paid in proportion to the number of hours he has worked on Assignment.

5.4 In the course of any Assignment during the leave year, the Temporary Worker is entitled to request leave at the rate of 1/12th of his total holiday entitlement in each month of his leave year. Where the Temporary Worker wishes to take any leave to which he is entitled, he should notify the Employment Business IN WRITING of the dates of his intended absence. The amount of notice which the Temporary Worker is required to give should be at least twice the length of the period of leave that he wishes to take. Unless the Employment Business informs the Temporary Worker in writing that it is not possible for him to take leave on the specified dates, the Temporary Worker shall be entitled to take up his notified leave entitlement.

5.5 None of the provisions of this clause regarding the statutory entitlement to paid leave shall affect the Temporary Worker's status as a self-employed worker.

5.6 All leave is paid weekly. Temporary Workers are not permitted to take leave and work assignments in the same period

6. SICKNESS ABSENCE

6.1 Temporary Worker may be eligible for Statutory Sick Pay provided that it meets the relevant statutory criteria. The Temporary Worker is not entitled to secure payment from the Employment Business for absence due to sickness.

6.2 For the purpose of the Statutory Sick Pay Scheme, there is one qualifying day per week during the course of an Assignment and that qualifying day shall be the Wednesday in every week.

7. TIME SHEETS

7.1 At the end of each week of an Assignment (or at the end of an Assignment where a period of one week or less is completed before the end of a week) the Temporary Worker shall deliver to the Employment Business his/ her timesheet duly completed to indicate the number of hours worked by him/her during the preceding week (or such lesser period) and signed by an authorised representative of the Client. Failure to submit a time sheet for hours worked may delay payment for those hours.

7.2 For the avoidance of doubt and for the purpose of the Working Time Regulations, the Temporary Worker's working time shall only consist of those periods during which he is carrying out his activities or duties for the Company as part of the Assignment. Time spent travelling to the Company's premises, lunch breaks and other rest breaks shall not count as part of the temporary working time for this purpose.

8. CONDUCT OF ASSIGNMENTS

8.1 The Temporary Worker is not obliged to accept any Assignments offered by the Employment Business but if he / she does so, during every Assignment and afterwards, where appropriate he/she will

- > Co-operate with the Client's staff and accept the direction, supervision and control of any responsible person in the Client's organisation;
- > Observe any relevant rules and regulations of the Client's establishment to which attention has drawn or which the Temporary Worker might reasonably be expected to ascertain;
- > Unless arrangements have been made to the contrary, conform to the normal hours of work in force at the Client's establishment;
- > Take all reasonable steps to safeguard his own safety and the safety of any other person who may be present or affected by his actions on the Assignment and comply with health and safety policies of the Client;
- > Not engage in any conduct detrimental to the interests of the Clients;
- > Not at any time divulge to any person, nor use to his own or any other person's benefit, any confidential information to the Client's or the Employment Business' employees business affairs, transactions or finances. If the Temporary Worker is unable for any reason to attend work during an Assignment he should inform the Client of the Employment Business by no later than 2 hours prior to the start time of the Assignment.

9. TERMINATION

9.1 The Employment Business of the Client may, without prior notice or liability, instruct the Temporary Worker to end an Assignment at any time.

9.2 The Temporary Worker may terminate employment at any time by informing the Employment Business.

9.3 If the Temporary Worker does not inform the Employment Business that they are unable to attend work / shift during the course of an assignment this will be treated as termination of the Temporary Workers employment unless the Temporary Worker is able to demonstrate exceptional circumstance preventing them from complying.

9.4 If the Temporary Worker is absent without permission during the course of the Assignment then the Employment Business will be entitled to terminate the Temporary Workers contract

9.5 If the Temporary Worker does not report to the Employment Business to notify his availability for work for a period of three weeks, the Employment Business will process his P45 for collection.

10. LAW

10.1 These Terms are governed by the law of England & Wales and are subject to the exclusive jurisdiction of the Courts of England & Wales.

11. ID CARDS

11.1 A deposit of £5 is charged per issued id card. This is taken from your first booking and will be repaid on return of ID card and employment.

CLIENT DECLARATION OF CONFIDENTIALITY

I Will not discuss any part of any of Renard Resources business.

- It's dealings or affairs of those of any client associates company including security arrangements and procedures
- Any trade secrets or manufacturing processes

- Any information concerning financial matters
- Any information about any client to other companies and competitor companies

I confirm that I agree with all of the above and that the information given is correct.

PRINT NAME

SIGNED BY TEMP

DATE

48 HOUR WORKING AGREEMENT

FOR USE WITH TERMS OF ENGAGEMENT OF TEMPORARY WORKERS

Between Renard Resources and Temporary staff member named within

1 DEFINITIONS

- 1.1 In this Agreement the following definitions apply:
 "Assignment" means the period during which the Temporary Worker is supplied to render services to the client
 "Client" means the person, firm or corporate body engaging the services of the worker;
 "Working Week" means an average of 48 hours each week calculated over a 17 week reference period
- 1.2 References to the singular include the plural and references to the masculine include the feminine and vice versa.
- 1.3 The headings contained in the Agreement are for convenience only and do not affect their interpretation.

2 RESTRICTION

- 2.1 The Working Time Regulations 1998 states that the Temporary Worker shall not work in excess of the Working Week unless he agrees in writing that this limit should not apply (see option 1 below).

3 CONSENT

- 3.1 The Temporary Worker hereby agrees that the Working Week limit shall not apply.

4 WITHDRAWAL OF CONSENT

- 4.1 The Temporary Worker may end this Agreement by giving 3 months notice in writing.
- 4.2 For the avoidance of doubt, any notices bringing the Agreement to an end shall not be construed as notice of termination by the Temporary Worker of an Assignment with a Client.
- 4.3 Upon the expiry of the notice period set out in the clause the Working Week limit shall apply with immediate effect.

5 LAW

- 5.1 The Terms are governed by English Law and are subject to the exclusive jurisdiction of the English Courts.

DAYS AVAILABLE

All = Any time

AM = 6.00am to 12.00pm

PM = 12.00pm to 12.00am

Monday	ALL	<input checked="" type="checkbox"/>	AM	<input checked="" type="checkbox"/>	PM	<input checked="" type="checkbox"/>	OTHER
Tuesday	ALL	<input checked="" type="checkbox"/>	AM	<input checked="" type="checkbox"/>	PM	<input checked="" type="checkbox"/>	OTHER
Wednesday	ALL	<input checked="" type="checkbox"/>	AM	<input checked="" type="checkbox"/>	PM	<input checked="" type="checkbox"/>	OTHER
Thursday	ALL	<input checked="" type="checkbox"/>	AM	<input checked="" type="checkbox"/>	PM	<input checked="" type="checkbox"/>	OTHER
Friday	ALL	<input checked="" type="checkbox"/>	AM	<input checked="" type="checkbox"/>	PM	<input checked="" type="checkbox"/>	OTHER
Saturday	ALL	<input checked="" type="checkbox"/>	AM	<input checked="" type="checkbox"/>	PM	<input checked="" type="checkbox"/>	OTHER
Sunday	ALL	<input checked="" type="checkbox"/>	AM	<input checked="" type="checkbox"/>	PM	<input checked="" type="checkbox"/>	OTHER

PLEASE SIGN OPTION 1 OR OPTION 2:

OPTION 1

I (named below) agree that I may work for more than an average of 48 hours per week. This agreement is valid for 2 years from the date of signing. If I change my mind, I will give my employer 3 months notice in writing to end this agreement.

OPTION 1 (signed by temporary worker)

Print Name

Signed Date

OPTION 2

I (named below) have decided NOT to opt out of the Working Time Directive. I will keep detailed and accurate information on the number of hours I have worked and will provide these details to my employer.

OPTION 2 (signed by temporary worker)

Print Name

Signed Date

CATERING MEDICAL QUESTIONNAIRE

CONFIDENTIAL

Food hygiene and health and safety is a vital part of the catering environment. To help us to identify those Assignments which are most suitable for you, please complete the following questions, answering them to the best of your knowledge. Your consultant will then talk you through this section.

DO YOU, OR HAVE YOU EVERY SUFFERED FROM	Y	N	ARE THERE ANY DISEASES OR ILLNESSES NOT ALREADY MENTIONED THAT YOU HAVE SUFFERED OR ARE SUFFERING FROM?
Fits blackouts fainting attacks giddiness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
Headaches or eye trouble	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, please give full details
Abdominal pain, diarrhoea or fever	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Recurring stomach or bowel trouble	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	IN THE LAST 12 MONTHS, HAVE YOU BEEN OFF WORK BECAUSE OF ILLNESS OR INJURY?
Ear trouble deafness discharge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
TB or recurring chest disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, how many days have you missed?
Diabetes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Asthma hayfever	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAVE YOU EVER BEEN DISMISSED FROM OR REFUSED EMPLOYMENT ON HEALTH GROUNDS?
Mouth, nose or throat infections or any flu-like symptoms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
Any type of food allergy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, please give full details.
Heart trouble High blood pressure varicose veins	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Have you any alcohol dependency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DO YOU SUFFER FROM ANY AILMENTS OR DISABILITIES THAT WOULD PREVENT YOU FROM DOING HEAVY, NIGHT OR SHIFT WORK?
Have you any chemical dependency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
Have you any substance dependency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, please give full details.
Back trouble	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Any disability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DO YOU SUFFER FROM ANY AILMENTS OR DISABILITIES THAT WOULD PREVENT YOU FROM DOING HEAVY, NIGHT OR SHIFT WORK?
Skin trouble (boils, stys, septic fingers or eczema)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
Typhoid fever paratyphoid cholera	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, please give full details.
Salmonella dysentery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Hepatitis A or been in contact with anyone suffering from any of this	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Allergy to chemicals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

I hereby give Renard Resources permission to contact my doctor should there be any concern regarding my suitability for employment on the grounds of health under The Access to Medical Reports Act 1998

EMERGENCY CONTACT DETAILS	DOCTORS DETAILS
Name	Doctors Name
Address	Address
Relationship (e.g. Mother)	
Contact No.	Contact No.

PERSONAL, HEALTH & SAFETY DECLARATION

I hereby declare that all foregoing statements are true and complete to the best of my knowledge. I know of no medical reason why I should not work in a food environment. Whilst working as a temporary worker for Renard I will not (a) use machinery unless experienced or able (b) not work on a dangerous machine unless 18 or over and supervised or experienced in the use of the machine. I declare that it is my responsibility at the Renard Resources interview to disclose any history of any substance abuse, alcohol, drug, chemical or any other. I will also in turn take every precaution to avoid injury to myself or others and to prevent damage to any machinery or equipment used.

PRINT NAME	SIGNED BY TEMP	DATE
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