

FORM A

FORMS A & B MUST BE RETURNED BY EMAIL TO ADMIN@MANE.CO.UK OR FAX TO 0845 833 1614. NON RETURN OF FORM A & B WILL DELAY PAYMENT.

Of:

Mobile:

It is a requirement of the Working Time Directive that all workers require a health assessment before they start. Please complete the questions below and return them to us with a signed declaration for our records.

Date of any previous health assessments:

Do you currently suffer from Diabetes?	Yes	No
If yes do you require insulin injections?	Yes	No
Do you suffer from heart or circulatory disorders?	Yes	No
If yes does this affect your physical stamina?	Yes	No
Do you suffer from stomach/digestive disorders e.g., Ulcers?	Yes	No
Do you suffer from a medical complaint which means the Regular timing of meals is important?	Yes	No
Have you ever had a medical condition which affects sleep?	Yes	No
Do you suffer from a chronic chest disorder which needs medication to be taken according to a strict timetable	Yes	No
Do you suffer from epilepsy?	Yes	No
Are you aware of any medical condition from which you suffer, which you feel could detrimentally affect your ability to carry out an assignment for us?	Yes	No

If yes please give details:

I declare that I have completed this form accurately and to the best of my knowledge and belief. If deemed appropriate as a result of the information I have given here, I give my consent to be referred to a health professional for a more thorough assessment. ***Medical information is held in the strictest of confidence and will not be made available to any other organisations*** I understand that according to the European Working Time Directive there exists a clause that states I do not have to work over 48 hours per week unless I agree to do so. The Directive states that there are safeguards to protect workers from suffering detriment by not agreeing to not apply the Directive and this will be enforced on the agreement.

I am prepared to work over 48 hours per week and agree to NOT APPLY The Working Time Directive until such time as I notify you in writing of my desire for the provisions of the Working Time Directive to apply

I wish to APPLY the Working Time Directive and do not wish to work over 48 hours per week

PLEASE COMPLETE THE BOX BELOW BEFORE RETURNING YOUR FORMS:

Next of Kin:	Contact Number:	Relationship:
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FORM B

Of:

Mobile:

We understand that you will be working under PAYE tax status therefore we will require forms A&B with an original P45 returned to us before we can process your payment. If you do not have a P45 at present, then please fill out the enclosed P46 and return it. We will accept a faxed copy of the P46 only.

As you will be paid by BACS transfer, you must ensure that we have your correct bank details prior to commencement of the contract. This form has to be returned even if you have worked for us before or have provided details of your bank account over the phone.

We will send your pay advice by email, using the email address you supplied at the time of registrations. If this changes please ensure we are informed by email on admin@mane.co.uk or call our Administration Department on 01923 470530.

Please complete this form (please write block capitals):

Name _____ Date of Birth _____
Address (please confirm)

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I wish to be paid by BACS into the following account (please write in block capitals):

Name of Bank/Building Society : _____

Branch Address: _____

Account No: _____

(This should be 8 digits unless Lloyds/TSB which is only 7.)

Sort Code: _____

Building Society Reference: _____

National Insurance number: _____

Mobile:

I CONFIRM THE DETAILS ABOVE ARE WHERE I WISH ALL PAYMENTS TO BE DEPOSITED AND THAT THEY WILL APPLY TO THIS ASSIGNMENT AND FUTURE ASSIGNMENTS. IT IS UNDERSTOOD ANY CHANGES TO THE ABOVE HAVE TO BE IN WRITING WITH FIVE WORKING DAYS NOTICE.

YOU DO NOT NEED TO RETURN THIS FORM IF YOU HAVE PREVIOUSLY WORKED FOR MANE AND COMPLETED THIS FORM AND YOUR BANK DETAILS HAVE NOT CHANGED. WE WILL STILL REQUIRE A P45 OR P46 FROM YOU EACH TIME YOU START A NEW ASSIGNMENT.

Please insert your name and date here to confirm the above information is true and accurate:

X
Name

X
Date: