



European Regional Development Fund

Confidential

Database No. _____

“build”

Unit 5 Gatehouse Enterprise Centre, Albert Street, Lockwood, Huddersfield. HD1 3QD

Tel No. 01484-223699

Client Registration

(DATA PROTECTION ACT: SOME OF THE INFORMATION THAT YOU PUT ON THIS FORM WILL BE ENTERED ON A DATABASE)

PLEASE PRINT

Full Name								
Full Address								
Post Code		Contact Details <small>(PHONE, FAX, EMAIL, MOBILE)</small>						
Date of Birth		Age						
Are you (PLEASE TICK ✓)				Male		Female		
Do you consider yourself to have a disability? (Please tick ✓)				Yes		No		
Do you have any specific requirements i.e. access issues								
Ethnic Background <small>(Please tick ✓)</small>	A	White – British			J	Asian or Asian British - Bangladeshi		
	B	White – Irish			K	Asian or Asian British - Other		
	C	White – Other			L	Black or Black British - Caribbean		
	D	Mixed – White & Black Caribbean			M	Black or Black British - African		
	E	Mixed – White & Black African			N	Black or Black British - Other		
	F	Mixed – White & Asian			O	Chinese		
	G	Mixed -Other			P	Other		
	H	Asian or Asian British - Indian			Q	Not Known		
	I	Asian or Asian British - Pakistani						

National Insurance Number	_____
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How did you hear about build?	_____
Date that you last worked (please discount short periods of casual employment)	Month Year

DECLARATION

The information I have given on this form, consisting of one and page and signed by me, is both truthful and correct. I understand that these and future details will be kept by build and I authorise build to divulge any of the details that I give to a prospective employer or any other organisation as build reasonably requires.

Signed (Client) _____ Date _____

Signed _____ (for and on behalf of build) Name _____ Date _____

STATEMENT OF SERVICE DISCUSSED WITH CLIENT AND BUILD (4)	
APPOINTMENT ARRANGED FOR DUTY PO & CLIENT TOLD DOCUMENTS ETC TO BRING TO INTERVIEW (4)	
DETAILS ENTERED ONTO BUILD DATABASE & CONFIRMATION SENT (DATE)	

Education/Qualifications*		
Level of qualifications at present?		
<input type="checkbox"/> No qualification	<input type="checkbox"/> NVQ Level 3 or equivalent	
<input type="checkbox"/> Qualification below NVQ 1 or equivalent	<input type="checkbox"/> NVQ Level 4 or equivalent	
<input type="checkbox"/> NVQ Level 1 or equivalent	<input type="checkbox"/> NVQ Level 5 or equivalent	
<input type="checkbox"/> NVQ Level 2 or equivalent	<input type="checkbox"/> Other (Please specify below)	
Title of Course/Qualification	Level	Date of Achievement

Have you had any advice on 'In-work' benefits that you may be entitled to?	YES		NO	
Which (if any) of the following benefits are you claiming?				
<input type="checkbox"/> Job Seekers Allowance (income based)	<input type="checkbox"/> Free School Meals			
<input type="checkbox"/> Job Seekers Allowance (contribution based)	<input type="checkbox"/> Disability Living Allowance			
<input type="checkbox"/> Income Support	<input type="checkbox"/> Invalid Care Allowance			
<input type="checkbox"/> Incapacity Benefit	<input type="checkbox"/> Working Family Tax Credit			
<input type="checkbox"/> Housing Benefit	<input type="checkbox"/> Other (please specify)			
<input type="checkbox"/> Council Tax Benefit				

Types of JOB you are seeking:					
1.			2.		
3.			4.		
Salary	£..... per week/hour/annum		References available		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold a full driving licence	YES		NO		Number of Points (if appropriate)
Do you have a provisional	YES		Expected test date		
Do you have your own vehicle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes would you use it for work		Yes <input type="checkbox"/> No <input type="checkbox"/>

Can you drive any other vehicle? e.g. Forklift (reach/counter balance), PSV, HGV / Class, 7.5 tonne lorry, mini bus, transit van etc. Do you have licences / certificates? Please give details below.

Excluded Groups

Are you (Please tick all those that apply to you):

- An ex-offender
- Homeless
- A refugee
- A lone parent/carer

- A drug and/or alcohol mis-user
- Returning to the labour market
- In need of help with basic skills

Employment History

Skills and Experience

Hobbies and Interests

Initial Needs Assessment – Support Measures		
Support Measure	Needed –Yes/No?	Details
Child / Dependant Care		
Travel Support/Provision <i>How far would you be willing to travel</i>		
Availability to work <i>Full time/ Part time</i>		
Access <i>Any Disability Issues</i>		
Literacy/Numeracy		
Other		

Initial Action Plan Summary		
Action:	Description:	Review Date:

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Signed (Client) _____ Date _____

Signed _____ Name _____ Date _____

Please attach a current CV which we may forward to potential employers.