



Rowdell Road, Northolt, UB5 5QR +44 (0) 208 842 1222
 info@firstnetwork.com www.firstnetwork.com

Freelancer's Details

Full Name:	<input type="text"/>
Trading as:	<input type="text"/>
Company Number:	<input type="text"/>
Business Address:	<input type="text"/> <input type="text"/> <input type="text"/> Post Code : <input type="text"/>
Home Address : (if different from above)	<input type="text"/> <input type="text"/> <input type="text"/>
Contact Phone Numbers	Mobile: <input type="text"/> Office / Home: <input type="text"/> Fax: <input type="text"/>
Email Address:	<input type="text"/>
Passport Details	Passport Number: <input type="text"/> Name (as appears): <input type="text"/>
Date of Birth:	<input type="text"/>
Expiry Date:	<input type="text"/>
	<input type="text"/>



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Driver's Licence Number:	
Vat Registration Number. (if applicable):	<input type="text"/>
National Insurance Number:	<input type="text"/>
Schedule D Number:	<input type="text"/>
Tax Office name & Address	<input type="text"/> <input type="text"/> <input type="text"/> Post Code : <input type="text"/>
Accountant Name & Address	<input type="text"/> <input type="text"/> <input type="text"/> Post Code : <input type="text"/> Telephone No : <input type="text"/>
Please provide bank details so payment can be made via BACS	
Bank Name:	
Branch:	<input type="text"/>
Account Name:	<input type="text"/>
Account Number (8 digits):	<input type="text"/>
Sort Code (6 digits):	<input type="text"/>
TO SPEED UP THE PAYMENT PROCESS OUR PURCHASE ORDER NUMBER SHOULD ALWAYS BE SHOWN ON YOUR INVOICE AND INVOICE AMOUNTS SHOULD MATCH THOSE SHOWN ON THE ORDER. IF ANY OF THE ABOVE DETAILS CHANGE PLEASE NOTIFY WITH YOUR NEW BANK DETAILS AS SOON AS POSSIBLE	



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Specialist Areas of Work:	<input type="text"/> <input type="text"/>
Daily Rate (£ excl VAT)	<input type="text"/>
Dietary or medical Requirements e.g. allergies	<input type="text"/> <input type="text"/>
<p>Public Liability Insurance: As a sub-contractor working for us, it is a requirement that you have adequate Public Liability Insurance Cover. This must be for a minimum amount of £5,000,000 for any one claim. We require proof of your insurance, therefore please provide a copy of your Policy Schedule & Certificate.</p> <ul style="list-style-type: none">• Insurers Name: <input type="text"/>• Policy Number: <input type="text"/>• Renewal Date: <input type="text"/>• Public Liability Limit of Indemnity: <input type="text"/> <p>On renewal of the above policy please ensure that you supply us with a copy of the latest policy document.</p> <p>Health & Safety at Work</p> <ol style="list-style-type: none">1. It is a requirement that when you undertake work on a freelance basis for us that you provide and use your own personal protective equipment.2. You need to ensure that you have undertaken all relevant courses/training to ensure that you are competent to carry out the role that you have been engaged for.3. You will supply all labour, tools and materials necessary for the job you have been engaged for.4. Please note that you can only work at heights up to 10 meters but not above that.	



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<p>Convictions:</p> <p>Please answer YES / NO after each question – If the answer is YES to any of the questions then please give full details where appropriate.</p> <p>Have you ever been convicted of any crime? If yes please provide details.</p> <p>Do you have any court cases pending? If yes please provide details.</p>	<input data-bbox="762 539 1522 595" type="text"/> <input data-bbox="762 685 1522 741" type="text"/>
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<p>I confirm that the information that I have given above is correct and that I will inform you of any changes as and when they occur.</p> <p>I also confirm that I have read the Health & Safety at Work section above and that I will adhere to it.</p>	<p>Signature <input data-bbox="954 1104 1481 1171" type="text"/></p> <p>Date <input data-bbox="954 1249 1238 1317" type="text"/></p>
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Please return this form by post, fax or e-mail to accounts@firstnetwork.com together with copies of the following documents:

- Paper and card drivers licence
- Passport
- Public Liability Insurance Schedule & certificate.
- CV including academic and previous five years employment history
- Any other relevant documents, accreditations i.e IPAF

Your co-operation is greatly appreciated and we look forward to working with you.