

Enquiry reference:

Date you contacted us:

Thank you for enquiring to become a DNS Umbrella sub-contractor. Please fill in this form ensuring that all the shaded sections are completed.

## 1. About You - Please complete in CAPITALS

Title:	First name:	Middle name:	Surname:
Date of birth: / /	Male <input type="checkbox"/>	Female <input type="checkbox"/>	National insurance number:
Job title:	Nationality:	Do you require work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>Please note it is your responsibility to inform us of any change in job title or description</small>			
Home telephone number:	Mobile number:		
Email address:			
Professional qualifications held:			<small>*Send certificates/CV</small>
Permanent address:			
Town/city:	Country:	Postcode:	
Mailing address (if different from above):			
Town/city:	Country:	Postcode:	

## 2. Payment Details

Name of bank/building society:	Branch location:
Sort code: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Roll number (if applicable):	Name of account holder:

Please check the details above before submitting your application as DNS Umbrella cannot be held responsible for monies released to incorrect bank details.

## 3. CIS Status & UTR Details

Unique tax reference number (UTR): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<small>(Sole traders only)</small>
CIS account name:	Trading name:
Are you VAT registered?: Yes <input type="checkbox"/> No <input type="checkbox"/>	If you answered yes, please provide a copy of your VAT registration certificate.

## 4. Agency Details

Agency name:	Branch location:
Contact telephone number	Name of consultant:
Agency start date:	

## 5. About the Assignment

Is the assignment?	UK based <input type="checkbox"/>	Abroad <input type="checkbox"/>	Offshore <input type="checkbox"/>
How long will the assignment last	0-3 months <input type="checkbox"/>	3-6 months <input type="checkbox"/>	6-9 months <input type="checkbox"/> 9 months+ <input type="checkbox"/>
How would you classify the assignment	Trade <input type="checkbox"/>	Technical <input type="checkbox"/>	Professional <input type="checkbox"/> Rail <input type="checkbox"/>
	Medical <input type="checkbox"/>	*If Medical, please also submit details in section 11.	

## 6. Next of Kin Details

Next of kin name:	
Mobile number:	Home telephone number:

Please tick this box if you would like to nominate your next of kin to be able to speak on your behalf at times regarding personal information such as your payments.

## 7. How did you hear about us?

Agency  Colleague/Workmate  Previously used us  Online  Communications (e.g. advertising)

## 8. Confirm you have downloaded and understood the Health and Safety handbook (see website)

The Health and Safety handbook details our policies and procedures for DNS Umbrella contractors.

"I acknowledge I have read and understand the contents of the Health and Safety handbook and agree to comply with the policies and procedures contained within it".

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

If you wish for us to send you a paper copy, please tick here

## 9. Medical

Please complete the following section if contracting within the medical sector only.

<input type="checkbox"/> General Medical Council (GMC)*	PIN: _____
<input type="checkbox"/> General Dental Council (GDC)*	PIN: _____
<input type="checkbox"/> Health and Care Professions Council (HCPC)*	PIN: _____
<input type="checkbox"/> Nursing and Midwifery Council (NMC)*	PIN: _____

\*Please tick all memberships that apply and provide your PIN numbers where applica

## 10. KYC Documents

We require KYC documents to confirm you are eligible to work in the UK. Include one of the following with your registration:

- Your original passport **or** a photocopy countersigned by a professional or manager. Countersigned passports must clearly show the image, passport details and the signature. The person countersigning your passport copy must provide their full name, job title and date of signature.
- A national identity Proof of Address – Please provide any one document - Council tax bill, a copy of utility bill, Driver's License or Correspondence from HMRC card photocopy countersigned by a professional or manager.

If you do not have a passport and you are a British or Irish national please provide the following:

- A full birth certificate and a recent HMRC document.

## 11. Declaration

- I understand that DNS holds data about me for certain purposes, including (but not limited to), confirming entitlement to work in the UK, managing personnel and pay records as judiciously required to operate its business. I understand that I can request and have access to this data (subject to applicable exclusions) by contacting Reliasys via post or by emailing to info@dnsaccountants.co.uk.
- By signing this application form, I provide my consent to the processing of my personal and /or sensitive personal data as described above. Further, I approve to such data being released to third parties (such as insurance providers/payroll processing) where necessary for the foregoing purposes.
- By signing below, I agree to DNS providing references on my behalf to future employers or third parties.
- I agree for DNS to check my personal data and qualifications to work in specific areas, where these are required for compliance with legislation.
- I agree that all the data supplied on this form is correct and true to the best of my knowledge.
- I consent to keep DNS informed in writing of any changes in my personal details, contact details and any changes in my personal circumstances which might affect my immigration status and eligibility to work in the UK and to supply any such information on request.
- I agree to provide on request documents and information which will enable DNS to make any necessary lawful checks on my eligibility to work in the UK.
- Please note we conduct Anti-Money Laundering (AML) check of your Identity and Address proofs submitted to us for compliance purposes.

I understand and provide my consent for the same.

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

## 12. Self-employed Assessment

This assessment is required to enable DNS Umbrella to assess your self-employment status and determine that you are not under Supervision, Direction and Control

Please answer all of the following questions in respect to your services, whether by reference to DNS Umbrella, the agency or the client.

Job Title: .....Length of time in role: .....

Qualifications: .....

Please describe the role to be undertaken for the assignment (general duties only): .....

.....  
 .....

2. How many assignments have you completed in the last 12 months using your UTR No?

	Yes	No
i. Would you be entitled to Holiday pay, sick pay, a company pension scheme or other such benefits?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Are you responsible to complete, either yourself or via an accountant, an annual self-assessment tax return?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Are you responsible for all your own expenses in relation to travelling to/from site and/or overnight accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Are you under any obligation to accept or receive future assignments from the Agency?	<input type="checkbox"/>	<input type="checkbox"/>
v. Do you have the freedom to contract on more than one assignment at any one time and choose the hours you work taking into account assignment deadlines and opening hours of the client's site	<input type="checkbox"/>	<input type="checkbox"/>
vi. Once given basic instructions of what to do for your day, will anyone else advise you how to complete these tasks?	<input type="checkbox"/>	<input type="checkbox"/>
vii. Will you be under constant supervision by anyone whilst undertaking your role?	<input type="checkbox"/>	<input type="checkbox"/>
viii. Do you understand that a suitably qualified alternative contractor can be supplied as a substitute to complete a task that you have been assigned to, should you be unavailable for any reason?	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you provide your own tools, equipment and/or PPE to carry out your assignments?\*

\*If you ticked NO to question 4 please provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Do you receive training with the exception of H&S training from anyone you currently provide services to?\*\*\*

\*\*\*If you ticked YES to question 5 please provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

"I acknowledge that the responses I have provided in this questionnaire are a true and accurate description. The responses I have given apply to terms and conditions of my engagement with DNS Umbrella."

Signed: _____	Print name: _____
Date: _____	Contact number: _____

This self-employed assessment must be completed and returned with the requested documents for eligibility to work.