Chefsxpress Ltd

Chefsxpress Ltd,
Hague House
2 Sewardstone Road
Waltham Abbey
Essex
EN9 1NA

Company no. 7645494

Chefsxpress Relief Chef Registration

(Please complete this form in BLUE OR BLACK ink and Ensure it is in BLOCK CAPITALS)

Name

Address

City

Post Code

County

email

Phone Number

Mobile Number

Date Of Birth:

Sex: ☐ Male ☐ Female

N.I Number:

Nationality

Marital Status:

Driving Lisence ☐ Yes ☐ No

Own Transport

☐ Self Employed Self Employed Ref

Food Hygiene Certificate: ☐ Yes ☐ No Date

Criminal Records Bureau (CRB) Checked: ☐ Yes ☐ No Date issued

CRB Reference number

Enhanced CRB: ☐ Yes ☐ No

Available to start from

Please can you supply scans/ photo copies of the following;
(Tick boxes to confirm you are suppling correct documents)

☐ Relevant Qualifiactions

☐ Hygiene Cert

Work Roles Done

- ☐ Head Chef
- ☐ Sous Chef
- ☐ CDP
- ☐ Pastry Chef
- ☐ Chef Manager
- ☐ KP

Willing to Work As

- ☐ Head Chef
- ☐ Sous Chef
- ☐ CDP
- ☐ Pastry Chef
- ☐ Chef Manager
- ☐ KP

Rosette Experience

- ☐ One
- ☐ Three
- ☐ Two
- ☐ Four

Michellin Experience

- ☐ One
- ☐ Three
- ☐ Two

Worked In

- ☐ Hotel
- ☐ Restaurant
- ☐ Gastro Pub
- ☐ Branded
- ☐ Industrial
- ☐ Nursing/Care Home

Willing to Work In

- ☐ Hotel
- ☐ Restaurant
- ☐ Gastro Pub
- ☐ Branded
- ☐ Industrial
- ☐ Nursing/Care Home

Areas You are comfortable working in

- ☐ Stove
- ☐ Butchery
- ☐ Larder
- ☐ Veg
- ☐ Pastry
- ☐ Banqueting

Are you interested in live-in relief chef work around the UK

☐ Yes ☐ No

## Bank Details

Last Name

First Name

Initial

Sort Code

Account No

Name Of Bank

Bank Address

City

Post Code

County

Signed By

## Asylum & Immigration Act 1996

Under the Asylum & Immigration Act 1996, all employees must provide a copy of a form of identification confirming their eligibility to live and work in the UK. Please see the list of acceptable forms of identification at the back of this registration pack and provide suitable legible copies and return them with this form. Some Options are: (Please tick the ID that is Enclosed)

- ☐ Valid EEA or EU Passport
- ☐ UK Birth certificate and P45, P60, National Insurance card, or a letter from a government agency
- ☐ Valid Photocard Driving Lisence

Any non-EU/EEA citizens must also provide full documentary evidence of their eligibility to work in the U.K, including a copy of Workers Registration Scheme Card and Certificate, If applicable. Copies of all documents will be held on file in the strictest confidence.

Rehabilition of Offenders Act 1974

Do you have unspent criminal Convictions ☐ Yes ☐ No

If YES, please list your convictions and their dates below.

| | | | |
|---|---|---|---|
| Date | | Conviction | |
| Details Of Conviction | | | |
| Date | | Conviction | |
| Details Of Conviction | | | |
| Date | | Conviction | |
| Details Of Conviction | | | |

The information you give will be treated in the strictest confidence and only taken into account where, in the reasonable opinion of Chefsxpress, the offence is relevant to the post for which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if a conviction is not declared but later comes to light.

I confirm that the information is true and correct and shall inform the Company of any changes which may arise

Signed By _____ Date/Time Field

48 Hour Limitation Waiver

Restriction
The Working Time Regulation 1998 declares that a worker shall not work in excess of 48 hours per week, for a period of 17 consecutive weeks, unless they agree to do so in writing, and of their own volition.

Consent of the Worker
The worker hereby gives theier consent that the Working Week stipulation shall not apply.

Withdrawl of Consent of the Worker
The worker may end this consent to withdraw from the regulation governing the Working Week by giving due notice of 3 months, in writing, to a Director of Chefsxpress Ltd.

By signing below, the worker agrees to work within the Working Time Regulation 1998. If the worker does not wish to comply they must tick the opt out box below.

☐ I wish to Opt out of the 48 hour working time regulation 1998

☐ I will only work within the 48 hour working time regulation 1998

Signed By _____

## Health & Safety Declaration

I declare that whilst working as a temporary for Chefsxpress Ltd. I will not use any machinery unless experienced and will not operate a dangerous machine (e.g. meat slicer) unless 18 and supervised or experienced in the use of that type of machinery. I will ensure that at all times I will take every precaution to avoid injury to myself and others prevent damage to any equipment or machinery and will adhere to the clients Health and Safety Policy at all times whilst on site.

Signed By _____ Date/Time Field _____

## References

Please complete all details requested - failure to do so will delay/negate your registration. Note: Referees must be professional/trade references and preferably be your last two employers.

### Reference 1

Name _____ Position _____

Address _____ Company _____

City _____ Post Code _____

County _____ Email _____

Phone Number _____

### Reference 2

Name _____ Position _____

Address _____ Company _____

City _____ Post Code _____

County _____ Email _____

Phone Number _____

Please use this space to fill in any additional information you would like to add about yourself and your professional background that you feel may help assist us in placing you.

Confidential Medical Questionnaire

Please complete the questionnaire below, crossing out where applicable. All information given will be treated with the strictest confidence.

Next of Kin _____ Phone Number _____

Relationship To you _____

Are you currently being prescribed medication by your doctor? ☐ Yes ☐ No

If yes, Please give details of medication and dosage _____

Have you ever suffered from alcohol or drug abuse? ☐ Yes ☐ No

Have you ever been refused a driving licence due to ill health? ☐ Yes ☐ No

If yes, Please give details _____

Do you suffer from any form of dyslexia? ☐ Yes ☐ No

Have you at any time suffered from mental illness? ☐ Yes ☐ No

Have you suffered from spine, neck or back injury? ☐ Yes ☐ No

If yes, Please give details _____

Do you suffer from any any allergies ☐ Yes ☐ No

If yes, Please give details _____

Are you registered disabled? ☐ Yes ☐ No

If yes, Please give disabled number: _____

Are you registered blind? ☐ Yes ☐ No

Have you ever suffered from recurring stomach from fits, fainting attacks or blackouts ☐ Yes ☐ No

Have you ever suffered from recurring stomach or bowel trouble? ☐ Yes ☐ No

If yes, Please give details _____

I can confirm that the above is correct and true to the best of my knowledge

Signed By _____ Date/Time Field _____

Personal Declaration

I am a self employed person or will register as self employed therefore, I am fully responsible for payment of all my Tax and National Insurance contributions and hereby absolve Chefsxpress or Chefsxpress Ltd and any/all of their subsidiaries of all responsibility for these or any other charges made in respect of these or involve Chefsxpress or Chefsxpress Ltd and any/all of their subsidiaries in any disputes or legal proceedings concerning these matters. I hereby consent to Chefsxpress or Chefsxpress Ltd, if asked by a Government Office, to divulge all relevant information concerning any invoices raised and payments received by me, as the self employed person stated in this document. As a Self Employed Chef Chefsxpress or Chefsxpress Ltd are not liable for Holiday and sickness benefits due to Self Employed Status

| | | | |
|---|---|---|---|
| | | Signature | |
| Tax/UTR No. | | Print Name | |
| NI Number | | Date | |

I agree that payment will either be made direct to me by clients of Chefsxpress/Chefsxpress Ltd or paid direct to me by Chefsxpress/ ChefsxpressLtd depending on the contract negotiated by Chefsxpress / Chefsxpress Ltd

I confirm that I received a copy of the contract on Date
and that I understand the forms and obligations therein and agree to abide by its terms

To best of my knowledge the information given is correct. I am in good health & there is nothing further of which I am aware that should be taken into account when offering me work. I am eligible to work in the U.K. and I understand that, should anything prove to be inaccurate I am liable to dismissal.
I hereby authorise Chefsxpress Limited to seek references and the information provided may be used to assist with my application for work. I agree that the information given on my application may be used for the purposes of registration under the Data Protection Act.

Signed By _____ Date/Time Field

Check List
Before sending this registration form for processing please check you have completed all areas of the form and have enclosed:
(Or Emailed to the office) Contact for email information

- ☐ Full Up to date CV
- ☐ P45
- ☐ Copy Prood of ID
- ☐ Tax Form
- ☐ P46
- ☐ Food Hygiene Cert

Contact Details:
Office: 01992 712 652
24 hrs: 01277 699 280
Fax: 08721 114 286
registrations@chefsxpress.co.uk

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