

## Freelance Contractors Details Form

### Personal Details

Title:	Forename(s):	Surname:
Address (inc postcode):		
Mobile Tel:		Home Tel:
Email address:		

### Freelance Details

Trading name:	
Public liability insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Licences

Driving licence B+E	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
Forklift licence Industrial Counterbalance Rough Terrain Forklift Telescopic Load Handler	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Details/Dates:
Other	Details:	

### Skills / Knowledge

Diesel generators	Strong <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Some <input type="checkbox"/> Weak <input type="checkbox"/> None <input type="checkbox"/> Details:
Electrical	Strong <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Some <input type="checkbox"/> Weak <input type="checkbox"/> None <input type="checkbox"/> Details:
Events industry	Strong <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Some <input type="checkbox"/> Weak <input type="checkbox"/> None <input type="checkbox"/> Details:

Other	Details:
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Qualifications / Certificates		
First Aid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details/Dates:
Health and Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details/Dates:
Electrical Qualification	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details/Dates:
Other	Details:	

Additional Information
Details:

Declaration	
I declare the enclosed information to be true and accurate in every respect.	
Signed:	Date: