



PERSONAL DETAILS

Name: Mr Peter Eastwood

Address: 14 Ainsford Way Ormesby Redcar and Cleveland England TS7 9QF

DoB: 12/01/1968

National Insurance No: NP634780D

Mobile Telephone No: 07923306457

Home Telephone No:

Email: petereastwood2009@hotmail.co.uk



NEXT OF KIN

Name: Gillian Tiernan

Contact No: 07825577280

BANK ACCOUNT DETAILS

Account Name: Peter Eastwood

Account No: 23887013

Sort Code: 07-02-46

EMPLOYMENT STATUS

Will you be under Supervision, Direction or Control (or the right of) under this assignment? No

Are you registered as self employed?: Yes

Construction Industry?: Yes

Current Trade: Blaster/Painter

UTR No: 4409841217

SELF EMPLOYED QUESTIONNAIRE

Q1: Once you have entered into a contract for work, are you free to complete the work how you see fit? (No Supervision, Direction or Control from any third party) Yes

Q2: Can you choose your working hours? (Start time, lunch, End time, within reason of the sites hours) Yes

Q3: Do you provide all the relevant equipment required to complete the work? Not Always

Q4: Do you have to correct unsatisfactory work in your own time and at your own expense? Yes

Q5: Can you send a substitute in your absence to complete the work should the need arise? (substitute may have to be confirmed with client in advance) Yes

Q6: Do you regularly work for a number of different end clients? Yes

Q7: All work that you complete is on a temporary basis and your contract can be terminated with no notice? Yes

Q8: Is there a possibility that supervision, direction or control could be implied with your day to day task? No

Q9: Do you understand that you are self-employed and as such are responsible for filing a self assessment each year with HMRC? Yes

Q10: What relevant qualifications do you hold? Opito blaster

I confirm I have not been employed by the end client in a similar role within the last three months

Employee Supervision Direction and Control Statement

You decide how the work is done: Yes

You determine the manner in which you complete your work: Yes

You decide where to prioritise the work: No

You decide when the work is done: Yes

DECLARATION & SIGNATURE

Agreed: I confirm, to the best of my knowledge, that the details contained on this form are accurate and true. I instruct the company to make all necessary enquiries regarding the information for the purposes of verifying my identity. These checks can be made for data protection, money laundering, working visa requirements and all other reasonable requests. I likewise authorise the company to contact my agency or end user client or other work finding agency and authorise them to disclose any information relating to me and my assignment details.



IDENTIFICATION

CCNSG card enclosed.

If it has been lost, stolen or destroyed please contact us immediately so they can arrange for a new card to be issued.

Please visit our website below:
www.ecitb.com

for your application and your on-going commitment to safety.

EC
ITB

Peter
Eastwood
ECITB Learner No: E-780812
Exp. Date: 13/03/2023
Card No: 5475032194



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SAFETY PASSPORT

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