

REGISTRATION FORM

Contractor Company

We categorise our temporary workers as follows: -

- ▶ PAYE Contractors – you work for us directly and we deduct Tax and National Insurance (NI), and send you a payslip each week.
- ▶ Personal Service Company – you have created your own company to provide your services through. Normally you are the only employee of the company, although sometimes there are a few workers who have joined together in your company.
- ▶ Contractor Company – we use this term where you work for an intermediate company who processes your pay, along with many others. For example it may be an umbrella company allowing you to claim expenses or a CIS Company which pays you as self employed under CIS.

If we have categorised you incorrectly please let us know as the information we need from you will be different. Please check and complete this registration form as accurately as you can to ensure we pay you correctly first time.

REGISTRATION FORM

Contractor Company

Title: Mr / Mrs / Miss / Ms (please circle) or Other _____

Surname: _____

First Name(s): _____

Address: _____

Post Code: _____

Contacts

Home Telephone: _____

Mobile Telephone: _____

Personal Email: _____

Construction Industry Scheme (CIS)

Job Title / Description: _____

Do you believe that your
Job fills within the scope
of CIS?

YES NO (Please tick)

Contractor Company You Use

Company Name: _____

Company Address: _____

Post Code: _____

Telephone: _____

Product: Umbrella / CIS / Self Employed / Other: _____
(please circle)

I confirm that the information I have provided is accurate and complete and that I will notify Hill McGlynn of any matter which may affect my ability to carry out the services or which Hill McGlynn or their Client may consider relevant in assessing my suitability to carry out a temporary assignment. I understand that Hill McGlynn is required, by law, to disclose any relevant information to a Client before and during my temporary assignment.

I consent to Hill McGlynn processing my personal data, including any sensitive personal data which I may have provided, and understand that this information may be disclosed to other Randstad Group companies from time to time for the purpose of providing services to me.

Sign: _____

Date _____

Guidance on the Opt-Out Notice for Limited Company Workers

The Regulations

The Conduct of Employment Agencies and Employment Businesses Regulations 2003 were introduced to protect temporary workers by:

- Restricting the transfer charges which an agency can require a client to pay if the client engages a temporary worker directly or through another agency;
- Preventing an agency from withholding payments if a temporary worker fails to submit a signed timesheet or if a client refuses to pay for unsatisfactory work;
- Controlling the terms and conditions which can be agreed between an agency and a temporary worker; and
- Specifying certain information which must be provided to a temporary worker before they commence their assignment.

Limited Company Workers

As a limited company worker, you are protected by the Regulations unless you complete and return an opt-out notice before commencing your assignment.

Although there is no obligation on you to opt out, one of the key indicators of genuine self-employment is whether or not you accept commercial risk. It is quite possible that, if you choose to remain protected by the Regulations, you will fail to show that you are genuinely self-employed and therefore fall within the scope of the IR35 rules.

Next Steps

If you want to opt out of the Regulations, please complete the attached notice and return it to us as soon as possible.

The notice is only effective if you complete and return it before commencing your temporary assignment. We therefore encourage you to return it to us as soon as possible so that we have it on file before your assignment commences.

Please remember that there is no obligation on you to opt out of the Regulations and, if you do decide to opt out, you may opt back in at any time by notifying us in writing.

IF YOU ARE UNSURE ABOUT WHETHER OR NOT YOU SHOULD OPT OUT, YOU SHOULD TAKE PROFESSIONAL ADVICE.

To be completed by the Temporary Worker:

CONSULTANT'S OPT-OUT NOTICE

This is an opt-out notice under Regulation 32(9) of the Conduct of Employment Agencies and Employment Businesses Regulations 2003.

Name of worker: _____ (the Consultant)

1. The Consultant intends that the Conduct of Employment Agencies and Employment Businesses Regulations 2003 will not apply to any Assignment arranged by Hill McGlynn & Associates Limited (the Agency).
2. The Consultant has freely entered into this Opt-Out notice and has been placed under no obligation to do so by the Agency.
3. The Consultant acknowledges that they may revoke this notice by notifying the Agency in writing.

_____ Signed _____ Date

If you are also a director of the limited company supplier, please complete this additional opt-out notice:

SUPPLIER'S OPT-OUT NOTICE

This is an opt-out notice under Regulation 32(9) of the Conduct of Employment Agencies and Employment Businesses Regulations 2003.

Company Name: _____ (the Supplier)

1. The Supplier intends that the Conduct of Employment Agencies and Employment Businesses Regulations 2003 will not apply to any Assignment arranged by Hill McGlynn & Associates Limited (the Agency).
2. The Supplier has freely entered into this Opt-Out notice and has been placed under no obligation to do so by the Agency.
3. The Supplier acknowledges that they may revoke this notice by notifying the Agency in writing.

Signed by)
)
For and on behalf of)
) Director

Strictly Private & Confidential

Dear Sir / Madam,

PAY SPECIAL ATTENTION TO THIS NOTIFICATION, THE DOCUMENTS AND THE HEALTH AND SAFETY BOOKLET ENCLOSED.

This pack contains a range of essential details relating to your assignment and ESPECIALLY important information on Health, Safety and Welfare. The Health and Safety Booklet MUST be retained for your reference. Your Hill McGlynn consultant will go through with you to answer any questions you have.

Ensure you have COMPLETED, SIGNED and RETURNED all the FOLLOWING DOCUMENTS as applicable:

PRE EMPLOYMENT MEDICAL QUESTIONNAIRE
PPE REGISTER
THIS INDUCTION LETTER

Failure to return any of the above documents or if you breach any of the Hill McGlynn Health, & Safety policies, procedures and subsequent rules, will result in immediate termination of your contract.

Hill McGlynn & Associates Ltd are committed to the promotion of Safety, Health and Welfare for their employees, temporary workers, contractors and neighbours and therefore expect the same level of commitment from you. Only by complete compliance can you attempt to secure and maintain your health, safety and welfare.

Any further clarification can be obtained by your Hill McGlynn consultant.

YOUR NAME:

YOUR SIGNATURE:

Yours sincerely



Jason Silk MA MCIPD MIOD
HUMAN RESOURCES & HEALTH & SAFETY DIRECTOR
On behalf of Hill McGlynn

Pre-Employment Medical Questionnaire

As reasonable physical fitness is essential for you to complete your daily work activities and duties, it is important to be accurate with your answers to this questionnaire. When you declare **NO** you are accepting a degree of responsibility for your safety.

Please study and complete this list, sign the declaration at the bottom and return ASAP:

Are you currently suffering from or have suffered from any of the illnesses listed below?

- | | | | |
|---|---|---|---|
| Heart trouble
<input type="checkbox"/> Yes <input type="checkbox"/> No | Lung disease
<input type="checkbox"/> Yes <input type="checkbox"/> No | Stomach/bowel trouble
<input type="checkbox"/> Yes <input type="checkbox"/> No | Asthma
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| Jaundice/hepatitis
<input type="checkbox"/> Yes <input type="checkbox"/> No | Joint Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No | Headaches/migraines
<input type="checkbox"/> Yes <input type="checkbox"/> No | HIV
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgical operations
<input type="checkbox"/> Yes <input type="checkbox"/> No | Skin problems
<input type="checkbox"/> Yes <input type="checkbox"/> No | Severe stress reaction
<input type="checkbox"/> Yes <input type="checkbox"/> No | Cancer
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| Serious accident
<input type="checkbox"/> Yes <input type="checkbox"/> No | High blood pressure
<input type="checkbox"/> Yes <input type="checkbox"/> No | Fits/blackouts/epilepsy
<input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hernia or rupture
<input type="checkbox"/> Yes <input type="checkbox"/> No | Back/neck problems
<input type="checkbox"/> Yes <input type="checkbox"/> No | Kidney/bladder disorder
<input type="checkbox"/> Yes <input type="checkbox"/> No | Diabetes
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| Depression/anxiety
<input type="checkbox"/> Yes <input type="checkbox"/> No | Multiple Sclerosis
<input type="checkbox"/> Yes <input type="checkbox"/> No | Mobility problems
<input type="checkbox"/> Yes <input type="checkbox"/> No | |

- | | | |
|---|------------------------------|-----------------------------|
| Has your employment ever been terminated on the grounds of ill health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently taking prescribed medicine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently under the care of a doctor or other medical professional? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have difficulty with your eyesight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes to above do you wear spectacles/contact lenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have difficulty in correctly identifying colours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have difficulty with your hearing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you used or abused drugs within the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had any alcohol related illness during the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered yes to any of these questions, please give further details below. This is particularly important where you have a qualifying disability under the **Disability Discrimination Act 1995** and the **Disability Discrimination Act 2005**, as it will enable us to identify what, if any reasonable adjustments can be made.

I hereby declare that the information given is full and true to the best of my knowledge and that I will inform Hill McGlynn of any change to my health which may affect my ability to perform my ability to perform my duties.

SIGNED: _____ NAME (Print): _____ DATE: _____

Action Taken by Hill McGlynn:

SIGNED: _____ NAME (Print): _____ DATE: _____

PERSONAL PROTECTIVE EQUIPMENT (PPE)

To: All temporary workers
From: Hill McGlynn & Associates Limited
Ref: PPE Memo

- ALL TEMPORARY WORKERS ARE REQUIRED TO RETURN A SIGNED COPY OF THIS MEMO TO HILL MCGLYNN WITHOUT DELAY.
- If you are in any doubt as to the requirements of this memo please contact your Hill McGlynn consultant for clarification.
- It is essential that all temporary workers comply with Hill McGlynn policy with respect to the issue and use of PPE and that any PPE worn meets current minimum standards and requirements.

-
- I _____ (Temporary Worker) confirm that I am in possession of the PPE described below and that I will wear it in the correct manner and observe all relevant care instructions.

- ◆ **Ankle Safety Boots (as minimum)** **BS EN 345**
- ◆ **Hard Hat** **BS EN 397**
- ◆ **Hi Visibility Vest** **BS EN 471:2003**

- List any exceptions to the above along with any associated reasons here: -

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NOTE: Any PPE issued by Hill McGlynn remains the property of Hill McGlynn and must be returned upon leaving. (Failure to do so will result in you incurring the full cost of the item)

Signed: _____

Name: _____

Date: _____

A FREELANCERS GUIDE TO PAYROLL

BBT TRANSFERRED CONTRACTORS

Please note that we will require the following documents if you are a new temporary worker:

PAYE Contractors – BBT will forward all P45's directly to us to ensure a smooth transfer to our Payroll. If we do not receive a P45 we will contact you.

Personal Service Company – if you are a temporary worker working through your own Limited Company, you must forward us a copy of the following in order for us to process your pay:-

- Company Certificate of Incorporation
- Limited Company Bank Details
- If the company is VAT registered, we will require a copy of the VAT Registration Certificate
- Public Liability Insurance Certificate – if we do not receive this, the Payroll Department will deduct £4 per week in order to cover insurance costs

Workers falling under CIS must also comply with the rules above along with supply your UTR number.

Limited Company Contractors must supply with each timesheet and invoice which clearly shows your company VAT registration number, unless on the self-billing agreement.

Contractors working through a Contractor Company should notify the Contractor Company of the change of agency from BBT to Hill McGlynn.

EXISTING TEMPORARY WORKERS

CHANGE OF TAX STATUS

If your tax status is going to change, you must inform the Payroll Department 7 days prior to the change taking effect as we will not be able to make payment under the new tax status unless we have this notice period.

HOLIDAY PAY (not applicable to Temporary Workers providing services via a Limited Company)

As a temporary worker, you are entitled to be paid holiday pay in accordance with the Working Time Regulations.

Holiday Pay will be paid to you in the form of Holiday Pay Rate which is calculated at a rate of 12.07% of your basic hourly pay rate as referred to in your letter of appointment. The Holiday Pay will be shown on your payment advice and stated as Holiday Pay. The calculation will only be applicable to the basic hours worked and will not apply to any overtime hours. (The definition of overtime hours is governed by the Client and will be detailed in your letter of appointment for the provision of temporary services).

PROCESSING YOUR PAPER TIMESHEET

1. The working week starts on a Saturday morning and ends of Friday evening as shown on your timesheet
2. All boxes on the timesheet must be filled in and must include the following information:-
 - **NAME**
 - **JOB POSITION**
 - **CLIENT COMPANY**
 - **WORK LOCATION**
 - **SUPORVISOR'S NAME**
 - **WEEK ENDING** – ie. The Friday of that week, eg. 02/10/2009 (please ensure that the year is also included)
 - **PIN NUMBER** – eg. SMI001(you won't need to put this on your first timesheet, but you will have a PIN Number on your first pay slip, please put your PIN number on all future timesheets)
 - **TEMPORARY WORKER SIGNATURE** – you must sign your timesheet to enable us to process your payment
 - **CLIENTS SIGNATURE** – only timesheets which are signed by an authorised signatory of the Client will be processed for payment
 - **DATE** – please write the date against each day worked
 - **START & FINISH TIMES** – you must enter start and finish times rather than hours worked. For night shift work, your start time will be in the Start PM box and your finish time will be in the FINISH AM box
 - **BREAKS** – if no breaks are taken during your working day, please write NB (no breaks) in the box indicated on the box in the timesheet otherwise we will deduct the standard 30 minutes per day for your break
 - **TOTAL HOURS** – please deduct breaks from the total hours worked
 - **COMMENTS** – please use the comments box to note any special payments (eg. Mileage, subsistence etc.) which must have been agreed in writing to us and the Client and the Client must initial any such items on the timesheet
3. Please do not use your timesheet to communicate other information – please write a separate letter or note (which can be sent with your timesheet) in order for us to deal with your requirement quickly and efficiently
4. When you have filled out your timesheet and the Client has signed your timesheet, the Client retains the YELLOW copy – please take a copy of your timesheet for your records before sending it to us

5. Please send the WHITE copy to the Payroll Department whose address is on the top of the timesheet
6. If you are a Limited Company Contractor you must attach your invoice to the white copy of the timesheet, unless on a self-billing agreement
7. Please do not take multiple copies of blank timesheets for future use as each timesheet has its own unique number – if you do require additional timesheets, please contact the Payroll Department and we can supply you with as many timesheets as you require

WEEKLY PAYROLL PROCEDURE

We operate a weekly payroll with the payroll running on a Wednesday afternoon.

Please either post your timesheets (address at the top of the timesheet), fax your timesheet on **F: 01489 560 071** or email a scanned copy of the timesheet to **timesheets@hillmcglynn.com**

All timesheets must be received by close of business each Tuesday in order for them to be processed and a BACS payment made to your account on Wednesday.

Candidates who use electronic timesheets must ensure that their timesheet is approved by the client by close of play on Tuesday in order for the timesheet to be processed.

Cleared funds will be in your bank account on the Friday.

Timesheets which do not reach us by close of business on Tuesday will be processed on the following week's payroll.

For weeks which contain Bank Holidays, payroll will continue as normal with the weekly payroll on the Wednesday.

National holidays of Christmas and Easter are slightly different each year and we will notify you prior to these holidays of the payroll dates around these dates.

Changes that affect your payroll, eg. New bank account details, tax status, change of address etc. must be notified in writing to us 5 working days prior to the changes taking effect.

Any expenses claimed must be approved by the Client in writing.

A Payment Advice detailing your hours paid and any deductions will be posted to you along with a new timesheet each Thursday.

If requested, we will issue you with a P45 at the end of your assignment.

Due to the volume of timesheets that we process each week, we cannot confirm receipt of individual timesheets.

Please note that due to high volumes of timesheets to process each week, the Payroll Department cannot take calls between 8am and 12pm Mon, Tues & Wed – please call after 12pm on these days. During this period, we still do receive emails and faxes.

Hill McGlynn Payroll Department

Meet the team...

Eileen Smith – Payroll Manager

Eileen has been with Hill McGlynn for 9 years and as Payroll Manager, looks after the weekly payroll for both Technical and Trades Freelance workers.

Eileen also works closely with all Contractor Companies to ensure a smooth and efficient payroll service for all temporary workers.

T: 01489 560 074 E: e.smith@hillmcglynn.com

Claire Prior – Payroll Supervisor

Claire has worked in Hill McGlynn's payroll department since 2004 and supervises the day to day running of the payroll team and ensures that all work is efficient and accurate. Claire ensures that all statutory deductions are made and correct records maintained.

T: 01489 560 070 E: claire.prior@hillmcglynn.com

Aimee Powell – Senior Payroll Administrator

Aimee has been with Hill McGlynn for 7 years and Aimee's role ensures that all new freelance starters are set up on the payroll system correctly and that all timesheets are checked in accordance with procedures.

T: 01489 560 070 E: a.powell@hillmcglynn.com

The rest of the Payroll team...

Name & Contact	Looking after workers surnames starting with:
Jennie Cartwright Tel: 01489 560 070 E: jennie.cartwright@hillmcglynn.com	A to COS
Sue Gale Tel: 01489 560 070 E: s.gale@hillmcglynn.com	COT to HIG
Jenny Gray Tel: 01489 560 070 E: j.gray@hillmcglynn.com	HIH to MER
Charlotte Hickey T: 01489 560 070 E: charlotte.hickey@hillmcglynn.com	MEP to SCO
Catherine McGuinness T: 01489 560 070 E: catherine.mcguinness@hillmcglynn.com	SCP to Z
Gemma Wright T: 01489 560 070 E: gemma.wright@hillmcglynn.com	All Trades Candidates