

SECTION 5: Initial assignment

Please note that confirmations of the agreed rates for each new assignment will be required before the start of each new assignment

* Expected start date: / / Expected length of assignment:

Site address:

Summary of services:

* Basic rate: * Estimated hours per day:

* Rates for overtime (if applicable):

Holiday pay will be shown at the prevailing rate.

The Company's standard administration fee is 3% of the total hourly rate plus overtime, unless otherwise agreed, subject to a minimum charge of £10.00 and will be levied against each payment.

I the undersigned sub-contractor accept and agree that the above specific terms are applicable to the assignment specified above (and to any new assignment unless otherwise specified by me) in addition to the terms and conditions applicable under my Self-employed Contract for Services with Team Construction Limited.

* Sub-contractor's signature Date: / /

SECTION 6: Insurance

This section **must** be completed to enable us to determine your insurance requirements. Please tick as appropriate.

*Does your assignment involve Safety Critical work? Yes No

*Will you be engaging in any offshore work? (Offshore PL is £20 per week) Yes No

*Is there any other information you are aware of that may affect your insurance cover? Yes No

*If yes, please give details

SECTION 7: Agreement to terms

1. I agree to the terms above and understand that as a self employed subcontractor I will receive my payments through Team Construction Limited acting as a payroll company for the assignments I have negotiated with my agency/client.

2. Under the provisions Data Protection Act 1998, the Company processes data and information about individuals both on computer and in paper files for certain purposes, including (but not limited to) administering personnel and pay records. By completing and signing this Application Form, I am consenting to the Company holding and processing personal data (and sensitive data). I further agree to such data being released to third parties such as insurance providers where necessary and for marketing and promotional purpose, unless I have ticked the following box.

3. I have read and accepted the additional terms and conditions contained within the enclosed Contract for Services.

4. I confirm that all details supplied on this form are correct.

* Sub-contractor's signature Date: / /

* Print name

**PLEASE NOTE THAT UNLESS ALL RELEVANT DOCUMENTS ARE RETURNED,
AND SIGNED WHERE APPROPRIATE, PAYMENTS MAY BE SUSPENDED**