**Vizone International**

**Candidate Acceptance Note**

As a candidate of Vizone International (VI) you are required to provide pieces of information that enable VI and you to operate. To assist in ensuring you meet these requirements we have produced this list of items that must be returned to the VI Legal Officer or Central Services Systems Administrator (CSSA).

**NOTE: All information must be sent within 3 weeks of your access to the VI New Starter Pack.**

When all line items are complete you **must** send the completed signed and dated form to the VI CSSA.

Tick Box

|  |  |  |  |
| --- | --- | --- | --- |
| **Vizone International Operating Handbook** | I have read, understood and agree to operate to this document |  |  |
|  |  |  |  |
| **VI Timesheet Template** | I have read and understood this document |  |  |
|  |  |  |  |
| **Month End Payment Run Timetable** | I have read and understood this document |  |  |
|  |  |  |  |
| **Contractual Documents** |  |  |  |
| Consultancy Service Agreement (Inc. Schedule) | I have sent my signed copy to the VI Legal Officer |  |  |
| Mutual Secrecy Agreement | I have sent my signed copy to the VI Legal Officer |  |  |
| Data Transfer Agreement (if applicable) | I have sent my signed copy to the VI Legal Officer |  |  |
|  |  |  |  |
| **Candidate Selection** |  |  |  |
| Candidate Screening Form | I have completed this and sent it to the VI CSSA |  |  |
| Candidate Screening Form Self Certification | I have signed and sent this to the VI CSSA |  |  |
| Associate Profile | I have completed this and sent it to the VI CSSA |  |  |
|  |  |  |  |
| **Candidate Documents** |  |  |  |
| Birth Certificate | I have sent a copy to the VI CSSA |  |  |
| Passport | I have sent a copy to the VI CSSA |  |  |
| Driving License | I have sent a copy to the VI CSSA |  |  |
| Professional Indemnity Insurance | I have sent a copy to the VI CSSA |  |  |
| Public Liability Insurance | I have sent a copy to the VI CSSA |  |  |
|  |  |  |  |
| Mobile Phone Type  Fill In  Asset Number | I have informed the VI CSSA of my mobile phone type |  |  |
|  |  |  |  |
| VI Asset Issued  Fill In  Appointment Date | I have informed the VI CSSA of the Asset Number |  |  |
|  |  |  |  |
| 9 Panel Drugs Test Form | I have made my 9 Panel Drugs Test Appointment |  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby certify that I have read, understood and agree to operate as per the above documents. I also certify that all information listed has been sent to the relevant VI person and that all the documents / information given is a true and accurate record as on the date shown below.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_