

Date:	
Employee ID:	
Full Name:	
Address:	
Home Phone:	
Mobile:	
E-Mail:	

By signing this form I hereby accept the terms and conditions regarding the employment and give WLIS a full consent to hold my information and contact me in the future regarding employment related matters.

I understand that WLIS would implement an attendance system and I will fully comply with the new policies and procedures.

Employee Signature :

For Office Use ONLY :

Type of Employee

- ☐ Full-Time Non-EEA National
- ☐ Full-Time EEA National
- ☐ Part-Time Non-EEA National
- ☐ Part-Time EEA National

Data Protection :

West London Immigration Services complies with the Data Protection Act 1998. Information collected by WLIS will only be used for the purposes of dealing with you as an employee, an administration of the event. In case of an incident or emergency WLIS may disclose the information to the Police, Home office or a relevant organisation. West London Immigration Services will not use the data or share the data with any third parties for marketing or commercial purposes without prior explicit consent.