This form must be fully completed for all posted workers.
Form of Declaration

Name and Address of Service Provider: _____

Name and Address of Contact Person: _____

Work Location: _____

Employee Name	Employee Address	Date of Birth	Social Security Number	Job Description / Job Title	Nationality	(Non-EEA National) Employment Permit held (Y/N) Provide Details	Start Date	Projected End Date	Gross Weekly Pay	Total of Weekly Hours Worked	Gross Hourly Rate of Pay