

Employer to retain this form after completion – DO NOT RETURN TO WECIL

Evidence of eligibility to work in the UK must be obtained for ALL new employees before employment starts. It is necessary for the employer to have sight of the original documents in the presence of the new employee. The employer must take copies of ORIGINAL documents. All new starters are asked to bring evidence of entitlement to work on their first day of work.

WECIL ref:
Employers name:
PA/Employee name:
First date of employment:

Proof of identity checklist for individuals

You cannot use the same form of identification for both your proof of name and your proof of address. For example if you provide your driving licence as proof of your name, you must also provide a different proof of address, such as a utility bill. Please note that UK birth certificates must be a full form issued within 12 months of the date of birth including issued by UK authorities as Embassies, High Commission and HM Forces.

Proof of name (provide only one of the following	Checked ✓
Current signed passport	
Original birth certificate	
EEA member state identity card, or National identity card bearing a photograph of the employee	
Current UK or EEA photocard driving licence.	
Benefit book or letter from benefits agency	

Proof of Address (provide only one of the following)	Checked ✓
Utility bill (gas, electric, satellite television, phone bill) Issued in within the last three months.	
Local Authority Council tax bill for this tax year.	
Current UK driving licence (if not used to evidence name)	
Bank, Building society or credit union statement or Passbook dated within the last three months.	
Original mortgage statement from a recognised lender Issued for the last year.	
Solicitors letter within the last three months confirming recent house purchase or land registry confirmation.	
Benefit book or original notification letter from Benefits Agency (only if not already used for evidence of name)	
NHS medication card or letter of confirmation from GP's Practice of registration with the surgery	

Employer's signature

I, the employer, confirm I have inspected checked documents and they relate to the employee named above.

Employer Name:
Employer Signature:
Date:

For help completing this form, contact your employer's Allocated advisor or email dpsupport@wecil.org.uk

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