



Platinum Rail Services – Induction Pack

| Type | | | | YES | NO |
|-----------------------------|-----|----|---------------|----------|---------------------------------------|
| Refresher induction | | | | | |
| New Starter | | | | | |
| Is Inductee working on NR? | | | | | |
| Is Inductee working on TfL? | | | | | |
| Date of induction | | | | Mar 22nd | |
| Sponsorship | YES | NO | | YES | NO |
| Primary | | | Sub-Sponsored | | |
| Is induction pack complete? | | | YES | NO | If No, do not sponsor until completed |
| | | | | | |
| | | | | | |

| | |
|---------------------------|------------|
| Candidate Name | |
| DoB | 03-22-2020 |
| National Insurance Number | |
| Candidate Address | |
| Contact Number | |
| Sentinel Number | |
| Email Address | |



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Checklist

| Checklist Item | Yes | No | N/A |
|---|-----|----|-----|
| Right to work in UK | | | |
| Type of ID provided | | | |
| Next of Kin provided | | | |
| H&S Policy provided and briefed | | | |
| ENV policy provided and briefed | | | |
| Quality Policy provided and briefed | | | |
| Working Hours policy provided and briefed | | | |
| Worksafe Policy provided and briefed | | | |
| Alcohol and Drug policy provided and briefed | | | |
| Fire policy provided and briefed | | | |
| Opt out of Working Hours Directive | | | |
| HSQE Briefing Received | | | |
| Safety Critical ID Issued (<i>TfL only</i>) | | | |

Where the candidate is a Sentinel cardholder, ensure they are shown the induction presentation 'Sentinel Induction' detailing the company procedures and a copy of the acknowledgement is obtained.



Bank Details

| | |
|------------------------------------|--|
| Name on Account / Ltd Company Name | |
| Bank Name | |
| Bank Address | |
| Account Number | |
| Sort Code | |

Payment Details

| CIS | PAYE |
|---|----------|
| Yes / No | Yes / No |
| Ltd Company | |
| Company Name: | |
| Company No.: | |
| Please provide a copy of Certificate of Incorporation | |
| Umbrella Company – state which one | |

Insurance

Please provide the policy numbers of your company insurances, and return copies of the certificates.

| | |
|-----------------------------|--|
| Employers' Liability | |
| Professional Indemnity | |
| Public Liability | |
| Product and Goods Liability | |
| Vehicle Business Use | |



Confirmations

| | | | |
|---|--|------|------------|
| I confirm I have been briefed on and understand the company policies. | | | |
| Signature | | Date | 22-03-2020 |
| The Company will securely store information relating to its employees, both in hard copy and electronically, in accordance with GDPR Laws. Do you give your permission for the company to share the information we have on you with other interested parties (Clients / Network Rail / Enforcement Agencies, etc.)? | | | |
| Signature | | Date | 22-03-2020 |
| I am applying for employment with the company and to the best of my knowledge and belief, all particulars provided here are true. I understand that any false statement may disqualify me from employment or lead to dismissal. | | | |
| Signature | | Date | 22-03-2020 |

| | |
|--|--|
| For Office Use Only Application checked for completion and accuracy | |
| Name | |
| Date | |
| Signature | |

Right to Work in the UK

| | | |
|---|--|-----------------------|
| NAME: | | |
| Document checks must be carried out, before commencement of work. | | |
| Original documents must be seen and copies taken, with the applicant's consent. | | |
| Acceptable documents are any one from LIST1 below or two from LIST2A (one being a work permit). Documents from LIST 2 and LIST 2A cannot be swapped. | | |
| LIST 1 (one document) | | Checked/Copied |
| Passport (British Citizen) or has right to abode in UK | | |
| EEC or Swiss Passport or ID Card | | |
| Resident Permit EEC or Swiss | | |
| Passport or document issued by Home Office, endorsing right of residence in UK as a national from EEC or Switzerland | | |
| Passport or document issued by Home Office, endorsing right of residence in UK as a family member of a national from EEC or Switzerland | | |
| Passport or travel document endorsing the holder to stay in the UK, and to allow the holder to do the type of work on offer, if they have no permit | | |
| Application Registration Card issued by the Home Office issued to an asylum seeker, stating that the holder is permitted to accept employment | | |
| LIST 2 (Two documents: A and one other) | | |
| A | Document giving person permanent national Insurance Number and Name (P45, P60 National Insurance card) | |
| B | Full Birth Certificate issued in the UK , Channel Islands, Isle of Man, or Northern Ireland | |
| C | Certificate of registration or naturalization, stating holder is a British citizen | |
| D | Letter issued by the Home Office, indicating they can stay in the UK and can undertake work | |
| E | Immigration Status Document issued by the Home Office, endorsing that they can stay indefinitely in the UK | |
| F | Letter issued by Home Office indicating they can stay in the UK and undertake work | |
| G | Immigration Status Document issued by the Home Office, endorsing that they can stay in the UK and can undertake work | |
| | | |

| LIST 2A (Two documents: A and one other) | | |
|--|---|--|
| A | Work Permit or other approval to take employment that has been issued by Work Permits UK | |
| B | Passport or other travel document endorsing the holder to stay in the UK and accept Work Permit employment | |
| C | Letter issued by the Home Office, confirming that the person can stay in the UK and can take Work Permit employment | |

| | | |
|---|---------|-------|
| Documents have been checked for suitability | | |
| Name: | Signed: | Date: |

Opt-out for Sub-Contractors

| | |
|---|--|
| Opt out under Regulation 32 of the Conduct of Employment Agencies Employment Businesses Regulations 2003 ('the Regulations') | |
| The Contractor has agreed to provide services under the company's terms and conditions | |
| <p>The Contractor hereby notifies the Company that it wishes to opt out of the regulations. The Contractor hereby confirms that it shall not be bound by the provisions of the regulations which do not apply to any services provided by the Contractor to the Company, throughout the duration of their agreement.</p> <p>Agency Workers Regulations 2010 ('AWR')</p> <p>The Contractor warrants that any operative placed on assignment under this contract is operating outside the scope of the AWR.</p> | |
| Name of Contractor | |
| Address | |
| Signed (On behalf of Contractor) | |
| Date: | |

Next of Kin

| | |
|--|--|
| Please provide detail of your next of kin. Data will be stored on the Sentinel Database. | |
| Name of next of kin | |
| Relationship with you | |
| Address of next of kin | |
| Contact number of next of kin | |
| Secondary contact number | |
| Email for next of kin | |

Pre-deployment Safety Critical Checklist

| | | | |
|--|--|---|--|
| 1 Card holder's details | | | |
| Forename(s) | | Surname | |
| Card holder's contact tel. no. | | Employing company | |
| 2 Card holder's safety critical occupational certification | | | |
| Full Sentinel card no. | | An authenticated copy of the card holder's Sentinel card must accompany this checklist, on submission | |
| <p>Please confirm details of card holder's medical restrictions, i.e. red triangle, blue dot:</p> <p>Please confirm details of card holder's competency restrictions, i.e. competencies under mentorship:</p> | | | |

| Competence | Duration held (years/months) | Expiry date | Competence | Duration held (years/months) | Expiry date |
|------------|------------------------------|-------------|----------------|------------------------------|-------------|
| Medical | 22-03-2020 | 22-03-2020 | IWA | 22-03-2020 | 22-03-2020 |
| PTS AC | 22-03-2020 | 22-03-2020 | COSS | 22-03-2020 | 22-03-2020 |
| PTS DC | 22-03-2020 | 22-03-2020 | COSS OLP | 22-03-2020 | 22-03-2020 |
| AOD PO | 22-03-2020 | 22-03-2020 | COSS CRP | 22-03-2020 | 22-03-2020 |
| AOD PO | 22-03-2020 | 22-03-2020 | PC | 22-03-2020 | 22-03-2020 |
| AOD HS | 22-03-2020 | 22-03-2020 | ES | 22-03-2020 | 22-03-2020 |
| AOD LXA | 22-03-2020 | 22-03-2020 | ES Level A | 22-03-2020 | 22-03-2020 |
| AOD RSA | 22-03-2020 | 22-03-2020 | StrapmanLvl B | 22-03-2020 | 22-03-2020 |
| LKT / SW | 22-03-2020 | 22-03-2020 | Switching (DC) | 22-03-2020 | 22-03-2020 |

3 Specific work/activity experience (please indicate whether the cardholder has experience of **implementing** the specific safe systems of work/activities below by ticking the applicable **yellow** boxes)

| <u>LKT SW / IWA / COSS / PC</u> | | | | <u>Engineering Supervisor</u> | <u>Other (please specify)</u> |
|--|--|---------------------|--|--------------------------------------|---|
| <u>Line blockage:</u> | | | | <u>Possession:</u> | |
| Signal Protection only | | Green Zone | | With no train/OTP | Competent Person – Detonator Protection |
| TCOD | | Fenced | | With train movements | |
| Disconnection | | Site Warden Warning | | With OTP movement | |
| Detonator Protection | | | | Route setting via points Operator | |
| Token Block | | <u>Red Zone</u> | | Route setting via Signaller | |
| Absolute Block | | ATWS | | Level crossing under local control | |
| Tokenless Block | | TOWS | | Working in axle counter area | ; |
| RETB | | LOWS | | | |

| | | | | | | |
|-------------------------|--|------------------------------|--|--|--|--|
| ERTMS | | Pee Wee | | | | |
| | | Unassisted Lookouts | | | | |
| <u>Possession:</u> | | | | | | |
| Within ES worksite | | Receiving OLP | | | | |
| With PICOP | | Receiving CRP | | | | |
| Without PICOP authority | | Working in axle counter area | | | | |
| Poss. of sidings | | PC Duties | | | | |
| | | Hand trolley Controller | | | | |
| | | | | | | |

4 Card Holder and Employer Declaration

Cardholder: I confirm that the above information is true and correct.

Employer: I confirm that the above information is true and correct. I understand that if the card holder has medical or competence restrictions, these may limit the extent to which they are deployed on behalf of the company. I also understand that the specific work/activity experience identified above will define the scope of the card holder's deployment on behalf of the Company. If the card holder has no experience of a specific work/activity, this is a work-limiting circumstance, and the card holder may not be deployed on the applicable work/activity type, until such time that they have been trained, mentored, and/or assessed to full competence, and the Company has been advised accordingly. **I understand that Pre-deployment Safety Critical Checklists are valid for a maximum of 12 months from the date of my sign-off, and that an updated checklist must be sent to the Company Sentinel Coordinator when any change to the cardholder's experiences or competence occurs. Failure to do so may limit the scope of the card holder's deployment.**

| Card Holder Name | Signature | Date |
|------------------------------|-----------|------|
| | | |
| Employer Representative Name | Signature | Date |
| | | |

Rail PPE Issue

Please sign below to declare the Personal Protective Equipment issued to you by the Company and to identify any further requirements you may have to carry out your duties.

| Item | Quantity | Issue Date | Received By | Signature |
|---|------------------|------------|-------------|-----------|
| Clothing | | | | |
| Orange HiVis Overcoat/Jacket | | | | |
| Orange HiVis Vest | | | | |
| Orange HiVis Trouser | | | | |
| HiVis Flame-Retardant Overalls (BS EN 11612:2015) | | | | |
| Other items | | | | |
| Safety Equipment | | | | |
| Gloves – Rigger | | | | |
| Gloves – Latex Grip Cut Level 5 | | | | |
| Ear Protection – Muffs | | | | |
| Eye Protection | | | | |
| Boots | Size: | | | |
| Hard Hat | Colour: | | | |
| Harness | Unique ref. no.: | | | |
| Lanyard | Unique ref. no.: | | | |

All rail clothing provided shall be manufactured in accordance with Rail Industry Standard **RIS-3279-TOM**

If there is any other PPE you require for your duties, please list it below:

| |
|--|
| |
|--|

Medical Self-Certification

Alertness and reasonable physical fitness are essential for duties that may involve interactions with moving trains. It is, therefore, important to be accurate in your answers to this questionnaire, although trivial matters should be ignored (e.g. transient dizziness while gardening two years ago). **When you declare NO, you are accepting a degree of responsibility for your safety.**

Please study this list, and sign the declaration:

| | | YES | NO |
|---|---|-----|----|
| 1 | Do you have diabetes needing insulin? | | |
| 2 | Do you suffer from epilepsy or fits? | | |
| 3 | Have you ever had blackouts, recurrent dizziness, or any condition that may cause sudden collapse or incapacity? | | |
| 4 | Do you get discomfort or pain in the chest or shortness of breath on exercise, e.g. climbing a single flight of stairs? | | |
| 5 | Do you have difficulty moving rapidly over short distances, including slopes, steps, or rough ground? | | |
| 6 | Would you have difficulty in looking over either shoulder? | | |

| | | | |
|-----|---|--|--|
| 7 | Would you have difficulty working in outdoor open areas? | | |
| 8 | Would you have difficulty working in enclosed spaces? | | |
| 9 | Would you have difficulty working above height (e.g. using ladders or maintenance platforms)? | | |
| 10a | Do you have difficulties with your eyesight? | | |
| 10b | If 'YES' to 10a, do you wear spectacles/contact lenses? | | |
| 10c | Do you have difficulty correctly identifying colours? | | |
| 11 | Do you have any difficulty with your hearing? | | |
| 12 | Are you taking any medication that is giving you dizziness or drowsiness? | | |
| 13 | Have you used, or abused, drugs within the last 12 months? | | |
| 14 | Have you had any alcohol-related illness during the last 12 months? | Have you used, or abused, drugs within the last 12 months? | |

If a person states YES to any of the above, then a full medical will be required.

| | | | | | |
|---|--|---------------|--|-------|--|
| I will inform the company of any change to my health that may affect my ability to perform my duties. | | | | | |
| SIGNED: | | NAME (Print): | | DATE: | |
| Action taken by: | | | | | |
| SIGNED: | | NAME (Print): | | DATE: | |
| Accepted by: | | | | | |
| SIGNED: | | NAME (Print): | | DATE: | |

Staff Safety Responsibility Statement

The following Safety Responsibility Statement applies to all Staff/Contractors who will carry out work on or about Network Rail-managed infrastructure

You are required at all times to ensure avoidance of injury to yourself and colleagues, and to minimise risk to the environment, railway infrastructure, and the travelling public;

When working near the public, you must at all times ensure that the passengers have a clear and safe walking route. If this cannot be achieved, then all work must stop until rectified;

You must not start any work on Network Rail-managed infrastructure if there is any possibility that the works may over-run the agreed timescales;

You are required to demonstrate a positive and encouraging attitude towards health and safety at all times;

You must ensure that all PPE provided is cared for and used, when required;

You are required to report all accidents, incidents, and near-misses;

You are expected to participate in accident and incident investigations;

You are expected to participate in and input to regular safety briefings, toolbox talks, and other meetings, when required;

You must not start any work activity until you have been briefed on and understand the method of work, site-specific risks, local hazards, the safe system of work, and emergency arrangements;

You must be briefed on the Work Package Plans (WPPs) and be provided with a copy of the Task briefing Sheet for all work on Network Rail-managed infrastructure;

Ensure you work to the sections of the Rule Book GE/RT8000 that are relevant to your duties;

Only access rail infrastructure through access points, and where practicable, use authorised walking routes;

Follow and work to the instructions given by the Controller of Site Safety/Safe Work Leader (COSS/SWL);

Always leave the worksite clean, tidy and free from hazards.

| | |
|------------|------------|
| Name: | |
| Signature: | |
| Date: | 22-03-2020 |

Medical Standards: Eyewear

| | YES | NO |
|--|-----|----|
| Do you wear glasses? | | |
| Do you wear contact lenses? | | |
| If you do wear contact lenses, do you agree to carry a spare pair of glasses when on or near the line? | | |
| Name: | | |
| Signature: | | |
| Date: | | |

Working Time Directive and OPT-OUT

The European Union Working Time Directive of a 48-hour maximum working week came into effect on October 1, 1998. The Directive provides minimum daily and weekly rest breaks, an annual holiday entitlement, a limit on the working week to an average of 48 hours, and defined night-working duties.

In the meantime, the employer is required to obtain details as to whether staff members wish to exercise their right to opt in or out of the working hours directive. The maximum weekly working time of 48 hours will be averaged over a 17-week period. Individuals can, if they wish, agree with their employer about the maximum weekly limit, but this must be in writing and on an individual basis. Individuals are given an opportunity to opt back in, in writing to the employer. This does not create an exemption from statutory legal requirements, e.g. the responsibilities of individuals to comply with health and safety legislation.

Please note that if you choose to opt out in order that you can work in excess of 48 hours per week, and then choose to opt back in, you will be required to give seven (7) days' written notice. The 48 hours maximum per week applies to any and all paid employment collectively, not just work undertaken with the company. You are required to notify us in writing of any employment external to the

company that you undertake regardless of whether you decide to opt out of the regulations. In order to record our legal obligations, please sign below in the relevant section, and return one copy of this letter to the company, retaining one copy for their own records.

| | |
|--|--|
| Name: | |
| Sign against either (a) or (b) | |
| a) I want to opt out of the working time directive | |
| b) I want to opt in to the working time directive | |
| Date | |

Working Hours Disclaimer for Employees Working on Network Rail-Managed Infrastructure

If you are in any doubt as to the requirements of this memo, please contact your Line Manager.

Under normal conditions, you will not be asked work in excess of the Network Rail Standard NR/L2/OHS/003. In exceptional circumstances, situations may arise where you are required to work in exceedance of the Network Rail Standard. A risk assessment will be carried out to authorise any exceedance.

Under the Sentinel Scheme Rules, any sub sponsor shall notify the Sentinel Coordinator of your hours worked; these hours will be considered, before placing you to work for the company.

Declaration

I agree to the working times set out in Network Rail Standard NR/L2/OHS/003, and agree to abide by its contents.

I agree to notify the Office Manager of any other hours I work outside of the rail industry that may impact on my working hours with the company.

| | |
|------------|--|
| Name: | |
| Signature: | |
| Date: | |

Contract of Sponsorship (MF015)

This document sets out the contractual arrangements for the primary sponsorship of an individual on Network Rail's Sentinel Systems for the management of people working on Network Rail-managed infrastructure.

Between;

And;

Name:

Sentinel No:

The Company will act as the named individual's primary sponsor for work carried out on managed infrastructure. The nature of this employment will be as set out in the Terms of Engagement for staff, agency workers, and subcontractors. The company does/ does not* support any primary-sponsored staff member to have a secondary (sub) sponsor.

**delete as applicable*

The Company, as your primary sponsor, will commit to fulfilling the role of employer for the purposes of health and safety legislation only.

Responsibilities of the Individual

The individual shall carry their smart Sentinel card at all times, whilst working on managed infrastructure.

The individual will co-operate with their primary sponsor to ensure the personal information held in the Sentinel database remains accurate and up to date.

The individual shall follow the rules of personal accountability for working safely on managed infrastructure, including compliance with the Sentinel Scheme Rules and those of the Infrastructure Manager.

The individual has the responsibility to manage their sponsor relationships and at all times; when working on managed infrastructure, they shall:

Know the identity of their primary sponsor;

Know which sub-sponsors they are working for, if not working for their Primary Sponsor;

Provide the correct name of the sponsor they are working for, when booking on at site.

Individuals are required to notify the primary sponsor if they no longer to be sponsored by them, so they can be de-sponsored. The change of sponsorship must be requested online through My Sentinel.

As Primary Sponsor, the Company will ensure:

Individuals receive a valid Sentinel smart card. (Note: the first card is issued free of charge; replacements due to loss or theft will be chargeable.)

Individuals receive an induction briefing, that will include as a minimum the rules and responsibilities of the new Sentinel scheme.

Suitable PPE is provided to the individual when they are required to go onto managed infrastructure. PPE will carry the company logo, and must only be worn when working for the Company.

Individuals receive regular briefings and updates of information pertaining to their duties

Training and assessment at required intervals to maintain competency of duties being performed.

Personal issue information: handbooks, key point cards, etc. are made available.

Individuals are provided with advice, guidance and/or instructions on any restrictions based on medication or other medical fitness issues.

Individuals are provided with mentoring and support to develop the competence of the individual.

Conduct an annual review of the individual's continued suitability to work on the infrastructure, taking into account behaviours and performance of

safety critical duties, and identify development requirements.

Individuals are provided with safety critical equipment that is calibrated (where required) and fit for purpose for the individual to carry out their duties.

Explain how the Sponsor will provide advice, guidance, or instructions on any restrictions, based on medication and other medical fitness issues.

Require the Individual to notify the Primary Sponsor of any changes in circumstance, including health or personal issues, that may need the Primary Sponsor to take action to ensure the Individual's continued fitness for work trackside.

Individuals are given access to sources of information required for them to undertake planning duties.

Make the Individual aware of their ability to check their own competences by methods currently available.

By signing this Contract of Sponsorship, you agree to the Sentinel Scheme Rules attached, the responsibilities of the Sentinel Scheme, as outlined above, and for the Company to act as your Primary Sponsor.

| | | | |
|-------------------------|--|-------|------------|
| Signed (the individual) | | Date: | 22-03-2020 |
| Signed (the company) | | Date: | 22-03-2020 |

Occupational Health Questionnaire

This questionnaire is designed to help the Company meet its legal health and safety duties, assess whether there are any existing health issues likely to affect your employment, and to find out if any changes need to be made to the workplace under the Equality Act 2010. Information given by you will also help us to work out if you need any vaccinations or any health checks, as part of your job.

The information supplied will remain strictly confidential, and can be accessed only by authorised personnel.

No information will be sent outside the Company. A copy will be made available, when leaving the Company's employment.

| | |
|------|--|
| Name | |
| Date | |

Please tick **Yes** or **NO** to each question. Please answer truthfully.

Illnesses that can affect your safety at work.

Have you suffered from any health problems that have caused you to take time off work? *Please tick below:*

| | Y | N | | Y | N | | Y | N |
|--------------------------|---|---|-----------------------|---|---|--------------------|---|---|
| Stomach/bowels | | | Back/neck | | | Mental illness | | |
| Bladder | | | Ears | | | Claustrophobia | | |
| Kidney | | | Eyes | | | Vertigo | | |
| Hernia | | | Nose or throat | | | Anxiety/stress | | |
| Heart | | | Lungs | | | Nervous disorder | | |
| Blood pressure | | | Sinusitis | | | Skin disease | | |
| Blood disorder | | | Tuberculosis | | | Allergies | | |
| Jaundice | | | Fainting/dizzy spells | | | Drug dependency | | |
| Rheumatism/arthritis | | | Headaches/migraines | | | Alcohol dependency | | |
| Tendons/ligaments/joints | | | | | | | | |

If any of the above answers is 'Yes,' please give details on a separate piece of paper, and return it with this questionnaire to your Supervisor.

Work activities that can affect your health.

In previous jobs, have you had any significant exposure to:

| | Y | N | | Y | N | | Y | N |
|-----------|---|---|-----------------------|---|---|------|---|---|
| Vibration | | | Cancer-causing agents | | | Lead | | |
| | | | | | | | | |

| | | | | | | | | |
|-----------------|--|--|---------------------|--|--|-------------|--|--|
| Dust | | | Radiation | | | Asbestos | | |
| Noise | | | Hazardous chemicals | | | Mineral oil | | |
| Manual handling | | | Skin irritants | | | Tar | | |

If 'Yes,' please describe the tools/products you have used:

Please continue on a separate piece of paper, if you run out of space, and return it with this questionnaire to your Supervisor.

Other information that the Employer needs to know for health and safety requirements.

| Do you suffer from: | Y | N | Are you: | Y | N |
|---|---|---|--------------------------------|---|---|
| Aches? | | | Suffering any health problems? | | |
| Pains? | | | A smoker? | | |
| Tingling? | | | Asthmatic? | | |
| Numbness/loss of feeling? | | | Epileptic? | | |
| Skin allergies, eczema, or dermatitis? | | | Diabetic? | | |
| Other allergies of which we should be aware? | | | Colour blind? | | |
| Any blood borne disease, e.g. hepatitis, HIV? | | | Dyslexic? | | |
| Any phobias i.e. heights, water, insects, reptiles (please list below, if yes). | | | | | |
| | | | | | |

| |
|--|
| |
|--|

| QUESTION | YES | NO |
|--|-----|----|
| Do you have any physical disability which could affect your work?*** | | |
| Do you have difficulty hearing (with a hearing aid, if needed) for all normal work purposes?* | | |
| Do you have difficulty seeing (with glasses or contact lenses, if needed) for all normal work purposes?* | | |
| Do you currently take any prescribed medicines that make you dizzy or drowsy?*** | | |
| Have you ever been told that you suffer from a work-related health problem?*** | | |
| Do you suffer from a frequent health problem that causes you to be off work more than two-three times per year?* | | |
| Have you ever had an illness or injury that has kept you off work for more than three months?*** | | |
| Have you ever had to give up any previous job for medical reasons?*** | | |
| Have you ever received compensation for industrial injury or illness?*** | | |

GP Registration:

You should be registered with a doctor local to where you are currently living.

Please provide the contact details of your GP so that the Company can inform your doctor of any details of the type of health problems you may be exposed to as a construction worker.

| GP details | | | |
|------------|--|----------|--|
| Surname | | Initials | |
| Address | | | |
| Post Code | | | |
| Tel No. | | | |

Note

Because it may be necessary for the Company's Medical Advisor to communicate with your doctor if you experience a health problem in the future, you may be asked to provide authorisation for your doctor to reply to any query concerning your health or medical history. Information in the report relating to your employment may be passed on to the Company. You have the right to see any medical report prepared by your doctor before it is sent to the Company Medical Advisor, who will treat the information in the strictest confidence. It is within your rights to decline to give authorisation for information to be passed to the Company.

Please check over this form to make sure you have answered all questions. Please complete ALL questions and return the form (with any additional information) to your supervisor by the end of your first week of employment.

Declaration: I declare that the answers contained in this questionnaire are, to the best of my knowledge, true. I understand that should I withhold information, or lie about any details, my employment may be terminated.

Employee's signature: Date:
.....

English Test (TfL Only)

Candidates should complete the questions below to the best of their ability without any assistance.

1. They've both worked here over ten years. (in / for / since / during)
2. Choose the option closest in meaning to the word in bold:

Ancestor: a. old; b. forefather; c. past; d. dead.

3. Choose the option opposite in meaning to the word in bold:

Exterior: a. internal; b. inferior; c. superior; d. interior.

4. What you like to drink? (will / might / would / shall)

5. There are other people in the park ourselves.
(a. besides; b. beside; c. before; d. around)

6. He had a heart attack. The doctor was immediately
(a. Sent off; b. sent for; c. sent in; d. sent through)

7. My brother and I used to fight a great deal as children. We did of things together, not always in complete. In fact, on one occasion, he actually my arm. I suppose he really did me a, as I missed the school exams that year.

Q. 1: a. many; b. some; c. a lot; d. a deal

Q. 2: a. harmony; b. friendship; c. unison; d. liking

Q.3: a. damaged; b. broke; c. ripped; d. tore

Q.4: a. courtesy; b. benefit; c. favour; d. privilege

Q.5: a. for; b. around; c. at; d. during

Total marks available = 11 Minimum pass mark is 8 from 11 Mark achieved

TfL Area Familiarisation

Please indicate which of the TfL Routes you have gained experience on, frequency, and when.

| ROUTE | YES/NO | No. of visits | DATE mm/yy |
|--------------------|---------------|----------------------|-----------------------|
| Bakerloo | | | 22/03/2020 |
| Central | | | 22/03/2020 |
| Circle | | | 22/03/2020 |
| District | | | 22/03/2020 |
| Hammersmith & City | | | 22/03/2020 |
| Jubilee | | | 22/03/2020 |
| Metropolitan | | | 22/03/2020 |
| Nothern | | | 22/03/2020 |
| Piccadilly | | | 22/03/2020 |
| Victoria | | | 22/03/2020 |
| Waterloo & City | | | 22/03/2020 |
| DLR | | | 22/03/2020 |
| London Overground | | | 22/03/2020 |

| | | | |
|--|--|--|------------|
| TfL Rail (Liverpool Street to Shenfield) | | | 22/03/2020 |
| DEPOTS | | | |
| Cockfosters | | | 22/03/2020 |
| Golders Green | | | 22/03/2020 |
| Hainault | | | 22/03/2020 |
| Hammersmith | | | 22/03/2020 |
| Morden | | | 22/03/2020 |
| Neasden | | | 22/03/2020 |
| Northfields | | | 22/03/2020 |
| Queens Park | | | 22/03/2020 |
| Ruislip | | | 22/03/2020 |
| Stonebridge Park | | | 22/03/2020 |
| White City | | | 22/03/2020 |
| Ealing Common | | | 22/03/2020 |
| Nothumberland Park | | | 22/03/2020 |
| Beckton | | | 22/03/2020 |
| Poplar | | | 22/03/2020 |

Working Time Regulations 1998 Health Assessment Questionnaire: Night Workers

A night worker is an employee who is scheduled to work at least three hours of his/her daily working time during the night on the majority of days on which he/she is scheduled to work. Night time is defined as the period between 11 p.m. and 6 a.m.

Night workers are entitled to a voluntary health assessment to check whether they are fit for the work required. Very few health problems will prevent people being able to work at night, and where there is a medical problem that could be relevant, it will almost always be possible for the person to be able to work during night hours, with suitable modifications to their treatment programme.

The purpose of the questionnaire is to ask whether you have any health problem that could be affected by night work so that where necessary, an appropriate medical review can be arranged. The questionnaire will be confidential to the Company's Occupational Health Adviser (It is advisable to identify a local Occupational Health Adviser, or to use the area NHS Occupational Health Service), but a report on your fitness will be provided to your manager who is responsible for work assignments, and for the arrangements for health and safety at work.

Please complete the form and tick the appropriate box for the questions listed; if you have any other condition that you believe should be considered, please write brief details at the bottom of the page, or continue on a separate sheet of paper.

Working Time Regulations 1998 Health Assessment Questionnaire: Night Workers

| Question | Yes | No |
|--|-----|----|
| Have you had any medical problem in the past that has prevented you from working at night? | | |
| Are you diabetic? | | |
| Are you subject to angina, or other heart problems that may affect your fitness? | | |
| Have you had duodenal or stomach ulcers in the past, or are you under treatment for them at present? | | |
| Have you had any continuing bowel problem, such as following major surgery? | | |
| Do you have any chronic chest problem such as asthma, emphysema, or bronchiectasis? | | |
| Do you have any disability-affecting mobility that will cause difficulties in arranging night work? | | |
| Do you have any recurrent or continuing sleep disturbance requiring medical advice? | | |
| Are you having specialist care requiring your attendance at hospital clinics for treatment? | | |
| Are you taking any medication to a strict timetable? | | |
| Do you have any other health problem that affects your fitness for night work? | | |

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Please give the names of any prescribed medications that you take regularly:

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Please give any further details that you would like to bring to our attention.

| |
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| | | | |
|--------------------|--|------|------------|
| Employee signature | | Date | 03-22-2020 |
| Employer signature | | Date | 03-22-2020 |

Stress-Risk Assessment Form

Note: This form is to be used only once a worker has been diagnosed with a stress condition by their doctor.

| | | | |
|---|--|----------------------------|--|
| Subject of Risk Assessment; Team/Individual <i>(delete as appropriate)</i> | | Number of Employees | |
| <i>Insert name of team/individual</i> | | | |

Reason or Trigger for Risk Assessment

| |
|--|
| |
|--|

Add a brief description indicating why the stress-risk assessment is being completed; for example, return to work after stress-related absence, or employee informed you that they had been suffering from symptoms of stress or workplace pressures.

Current control measures

Control measures can be preventative (prevent workplace pressure or hazards from happening in the first instance) or protective (protect employees from existing workplace pressure or hazards). It is, therefore, important that all measures in place are listed here to show what is already being done; for example, hold regular meetings with the employee/s to discuss performance and offer further support, if necessary; have signposted employee to his/her GP and given them details of the health and wellbeing portal, and tasked them with looking at resilience information before next meeting; employee is due to start a training course the following week to ensure skills are up to date.

| Workplace Pressure | Issue Identified | Severity x Likelihood | | | Additional Control Measures | By Whom | By When |
|---|------------------|-----------------------|---|---|---|---------|------------|
| Controls | | S | L | T | | | |
| Are you troubled by : | | | | | Discuss flexibility over delivery of work schedules and delivery of work. | | 22-03-2020 |
| Who does what in the team? | | | | | Support flexible working practices, wherever possible and practical. | | 22-03-2020 |
| Having enough line manager support? | | | | | Agree on the most appropriate communication methods and frequency. | | 22-03-2020 |
| Having sufficient control over your work? | | | | | Include all employees in decision-making for tasks/planning work. | | 22-03-2020 |
| Having your opinions listened to? | | | | | Share good practice and recognise achievements or suggestions. | | 22-03-2020 |
| | | | | | | | |

| | | | | | | | |
|---|--|----------|----------|----------|---|----------------|----------------|
| The balance between work and outside life? | | | | | Discuss learning opportunities. | | 22-03-2020 |
| Any other concerns? | | | | | | | |
| JOB SECURITY AND CHANGE | | S | L | T | | By Whom | By When |
| Are you troubled by: | | | | | Ensure communication mechanisms | | |
| Feeling supported through change? | | | | | Engage with employees regularly and in a timely manner during key change initiatives, and provide opportunities to feed in their views. | | 22-03-2020 |
| Opportunities to comment on change? | | | | | Explain the reasons for change and the benefits, as well as information on timescales. | | 22-03-2020 |
| Your future role? | | | | | Ensure employees are aware of all support services available to them. | | 22-03-2020 |
| Where to access support? | | | | | Be honest with employees, even where news may not be positive. | | 22-03-2020 |
| Having enough time/resources to implement change? | | | | | Direct employees to basic lifestyle advice and coping strategies to prepare for change. | | 22-03-2020 |
| Feeling skilled enough to do new tasks? | | | | | | | |
| Any other concerns? | | | | | | | |
| BALANCED WORKLOAD | | S | L | T | | By Whom | By When |
| Are you troubled by: | | | | | Reallocate duties (temporarily or permanently). | | 22-03-2020 |
| Clear priorities? | | | | | Help prioritise tasks or projects appropriately. | | 22-03-2020 |
| Having realistic deadlines? | | | | | Adjust hours or work pattern (temporarily or | | 22-03- |

| | | | | | | |
|---|--|----------|----------|--|----------------|----------------|
| | | | | permanently). | | 2020 |
| Having sufficient resources to do your job? | | | | Identify and support specific training needs. | | 22-03-2020 |
| Your skills, training, and knowledge being sufficient to do your job? | | | | Ensure tasks and expectations are clearly defined and understood. | | 22-03-2020 |
| The length of your daily commute? | | | | Plan work carefully so that deadlines are achievable. | | 22-03-2020 |
| Having a dull or repetitive work? | | | | Explore the full potential of an employee to utilise their skill set. If possible, offer a variety of tasks, rather than those that are simply repetitive. | | 22-03-2020 |
| Your work/life balance? | | | | Plan workload in regular discussions. | | 22-03-2020 |
| Any other concerns? | | | | Agree an upper limit to working hours. | | 22-03-2020 |
| | | | | Switch off mobile phones and laptops at a specific time. | | 22-03-2020 |
| JOB CONDITIONS | | S | L | T | By Whom | By When |
| Are you troubled by: | | | | Clarify employee's expectations of the role. | | 22-03-2020 |
| Feeling insufficiently inducted into the role? | | | | Reinforce the reporting structure. | | 22-03-2020 |
| Understanding your role? | | | | Are there any physical hazards in the work environment that need to be managed? | | 22-03-2020 |
| Your reporting structure? | | | | Does the employee understand the support services they can access? | | 22-03-2020 |

| | | | | | | |
|--|--|----------|----------|----------|---|-------------------------------|
| Your working environment? | | | | | | |
| Other demands in you outside your role? | | | | | | |
| Any other concerns? | | | | | | |
| RESOURCES AND COMMUNICATION | | S | L | T | | By Whom By When |
| Are you troubled by: | | | | | Support employees to develop their skills and knowledge to do their work. | 22-03-2020 |
| Feeling insufficiently supported by your team? | | | | | Source equipment or tools needed to perform work effectively. | 22-03-2020 |
| Feelings of isolation? | | | | | Ensure communication mechanisms are in place and operating effectively. | 22-03-2020 |
| Being informed of workplace issues? | | | | | Focus on communicating honestly and regularly. | 22-03-2020 |
| Issues around communication? | | | | | Encourage employees to make suggestions to management. | 22-03-2020 |
| Further training needs? | | | | | Ensure employees are aware of all support services available to them. | 22-03-2020 |
| Any other concerns? | | | | | | |
| WORK RELATIONSHIPS | | S | L | T | | By Whom By When |
| Are you troubled by: | | | | | Report and quickly address any bullying or harassment claims. | 22-03-2020 |
| Bullying or harassment issues in the team? | | | | | Ensure employees are aware of policies related to resolving unacceptable behaviour. | 22-03-2020 |
| An insufficient supportive atmosphere in the team? | | | | | Encourage 1-2-1 discussions, rather than email. | 22-03-2020 |
| How to raise a | | | | | Review diversity and | 22- |

| | | | | | | | |
|--|--|--|--|--|--|--|------------|
| concern or find support? | | | | | inclusion training. | | 03-2020 |
| A lack of recognition for diversity in the team? | | | | | Arrange regular team and 1-2-1 meetings. | | 22-03-2020 |
| Are there any other concerns? | | | | | Promote positive working relationships. | | 22-03-2020 |

Report**MULTIPLY THE TWO SCORES: LIKELIHOOD X SEVERITY****RISK SCORE IS:****1 TO 3 = LOW 4 TO 6 = MODERATE 18 - 12 = HIGH 15 OR ABOVE = VERY HIGH****RISK MANAGEMENT DECISION:****RISK IS LOW; NO FURTHER ACTION NECESSARY: MONITOR****RISK IS MODERATE; CONTROL MEASURES IN PLACE: ACCEPTABLE****RISK IS HIGH; IMMEDIATE CONTROL MEASURES IN PLACE: ACCEPTABLE****RISK IS VERY HIGH: DO NOT PROCEED FURTHER****Comments to justify decision:****Assessor's name:****Date assessment carried out:****Review date:**