





फैटेफ़ / OBSERVATION

फैटेफ़ गिर्त / MISCELLANEOUS SERVICE



M6950208

पिता / कानूनी अधिभावक का नाम / Name of Father / Legal Guardian

AJAI SINGH

माता का नाम / Name of Mother

PARMJEET KAUR

पति या पत्नी का नाम / Name of Spouse

पता / Address

VPO GAGGAR BHANA

TEH BABA BAKALA, AMRITSAR

PIN:143205, PUNJAB, INDIA

मुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं रखान / Old Passport No. with Date and Place of Issue

फाईल नं. / File No.

AS1068342038414





Sub-Contractor
Personal Information

Per Individual

Personal Details

*Note: A digital Portrait photograph is to be provided for each individual (Typical Passport Photograph).

To be Employed By:

FABRIL SOLUTIONS LTD

Role:

NGA TECHNICIAN Trainee

First Name	PARDEEP
Last Name	SINGH
Preferred Name	
Date of Birth	10-02-1992
Physical Address Line 1	7/27 PAKURANGA RD.
Physical Address Line 2	
Post Code	2010
Personal Email Address	PARDEEP1143@GMAIL.COM
Mobile Number	0221046699

Postal Address Line 1	7/27 PAKURANGA ROAD
Postal Address Line 2	
Suburb	PAKURANGA
Post Code	2010

In Case of Emergency Details

ICE 1 – First Name	GURPINDERJIT
ICE 1 – Other Name	
ICE 1 – Last Name	SINGH
ICE 1 – Relationship	FRIEND
Physical Address Line 1	55 ARANDI Rd,
Physical Address Line 2	
Suburb	MT. WELLINGTON
State	AUCKLAND
Post Code	1060
Phone Number	
Mobile Number	0210461199

ICE 2 – First Name	VARINDER
ICE 2 – Other Name	
ICE 2 – Last Name	SINGH
ICE 2 – Relationship	FRIEND
Physical Address Line 1	40A ORAMS ROAD
Physical Address Line 2	
Suburb	MANUREWA
State	AUCKLAND
Post Code	2102
Phone Number	
Mobile Number	02235 66134

Signature:	By not completing all of the fields in this form, I acknowledge that I have either declined to, or am unable to, provide the missing details above requested by Visionstream for use in the VisRES database.
Pardeep Singh	

All information on this form is subject to the Company's Privacy Policy, will only be used for Business Purposes, and will not be released to any third party



Criminal Records Unit
Ministry of Justice
National Office
P O Box 2750
WELLINGTON

For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

- Pre-employment vetting
 Insurance Claims vetting
 Other (specify)

Tick the report required:

- All convictions report Traffic Convictions Report

Signature of subject and date

X Pardeep Singh

X

I wish to receive a copy of the information provided to the Third party.

✓ Yes / No YES

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

Visionstream Pty Ltd

Third Party Address Details

P.O. Box or Street Address

Level 6, 8 Hereford Street

Signature of Third Party

X

Suburb

Freemans Bay

City

Auckland

State / Province

Post Code

1011

Country

New Zealand

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

SECTION 3: SUBJECT'S DETAILS (Please print in pen)**Priv/F2****Personal Details**

Surname	First Name	Middle Names (separate by comma)
SINGH	PARDEEP	

Date of Birth (DD/MM/YYYY)	Place of Birth	Gender (Male / Female)
10/02/1992	BATALA	MALE

Previous Names - Maiden Name , Aliases

Surname	First Name	Middle Names (separate by comma)

Postal Address

P.O. Box or Street Address	7127 PAKURANGA ROAD . P.
Suburb	PAKURANGA
City	PAKURANGA
State / Province	AUCKLAND
Post Code	2010
Country	NEWZEALAND

Current Residential Address

Street Address	7127 PAKURANGA ROAD
Suburb	PAKURANGA
City	PAKURANGA
State / Province	AUCKLAND
Post Code	2010
Country	NEWZEALAND
Daytime Phone Number	0221046699
Home Phone Number	
Fax Number	

Previous Two Residential Addresses

Street Address	Street Address
Suburb	Suburb
City	City
State / Province	State / Province
Post Code	Post Code
Country	Country

SECTION 3: SUBJECT'S DETAILS (continued)**Subject's Identification****Priv/F2**

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

SECTION 4: PROOF OF IDENTITY**ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT***Subject to ask someone who can confirm their identity to fill in this section*

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for

years and vouch for his/her identity

X

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Criminal Records Unit on 04 918 8800.



FIELD WORK FORCE DATA SHEET (PER INDIVIDUAL)

CONTRACTOR'S COMPETENCY/TRAINING RECORD

To be completed by each individual performing work for Visionstream

Full Name of Individual: PARDEEP SINGH

Full Name of Company: FABRIL SOLUTIONS LTD.

Individual Pre-requisite requirements

Police Check DOJ (tick where applicable)	<input type="checkbox"/>	Are you eligible to work in New Zealand	<input checked="" type="checkbox"/> Y / N
Police Check MED (tick where applicable)	<input type="checkbox"/>	Provided photo evidence to confirm ID	<input checked="" type="checkbox"/>

Proposed work division within Visionstream

UFB

NGA

BUILD

M&P

DESIGN

1. Please indicate with a tick which skillsets/competencies you hold.
2. Attach documentary evidence to support each competency you claim (e.g. licences, certificates)

Telecommunications Technical Skillset Details (tick - only where applicable)			
M&P - Cable Locate	<input type="checkbox"/>	Build - Civil	<input type="checkbox"/>
M&P - Residential/Business	<input type="checkbox"/>	Build - Haul	<input type="checkbox"/>
M&P - Outside Plant	<input type="checkbox"/>	Build - Fibre Jointing	<input type="checkbox"/>
M&P - Proactive Maintenance	<input type="checkbox"/>	Build - Internal Cabling	<input type="checkbox"/>
M&P - Poles	<input type="checkbox"/>	Build - Copper Jointing - Paper	<input type="checkbox"/>
Inside Plant - Bearer	<input type="checkbox"/>	Build - Copper Jointing - Plastic	<input type="checkbox"/>
Inside Plant - Radio	<input type="checkbox"/>	NGA - Structured Cabling	<input type="checkbox"/>
Inside Plant - Cellular	<input type="checkbox"/>	NGA - Fibre Basics	<input type="checkbox"/>
Inside Plant - Switch	<input type="checkbox"/>	NGA - ABF Installations	<input type="checkbox"/>
Inside Plant - Rigger	<input type="checkbox"/>	NGA - Fixed Fibre Installations	<input type="checkbox"/>
Inside Plant - Electrical	<input type="checkbox"/>	NGA - Aerial Installations	<input type="checkbox"/>

Competency/Training Name	Description	Date Obtained	Date of Expiry (if applicable)
Drivers Licence - Learner/Restricted	State which here:	01-12-2016	01-12-2026
Drivers Licence - Class 1	Car Licence		
Drivers Licence - Class 2 -5	Heavy Vehicle - State which here:		
Drivers Licence - Class 6	Motorcycle Licence		
Drivers Licence - P, V, I, O, D Endorsement	State which here:		
Drivers Licence - F, R, T, W Endorsement	State which here:		
Traffic Controller Level 1			
STMS Level 1			
STMS Level 2/3 Non Practicing			
STMS Level 2/3 Practicing			
Confined Spaces Training	NZQA Unit Standards		
Workplace First Aid	NZQA Unit Standards		



FIELD WORKFORCE INFORMATION SHEET (Part A)

Contracting Company Name: FABRIL SOLUTIONS LTD

TOTAL number of Field Workforce Information Packs required: _____
(On average - 1 per 4 crew members)

**List names and details of all workers engaged to work for Visionstream
effective 1st May 2015**

Training & Competencies

Individual Name: PARDEEP SINGH

Contracting Company Name: FABRIL SOLUTIONS LTD

Training/Competency NZQA Unit Standard	Description	Tick those obtained (Evidence MUST be attached)
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New Zealand Drivers Licence - List Class types here:

VPL SAFETY COURSES & EDUCATION

N/A	VPL Induction (Online modules or F2F)	
N/A	Protecting the Network - PTN	

ACCREDITED SAFETY COURSES & EDUCATION

26551/26552 (Ex 6401/6402)	Basic First Aid	✓
18426/17599 or 18026	Confined Space Entry + Gas Testing	
N/A	Basic TC (Traffic Controller)	✓
N/A	STMS Level 1	
N/A	STMS Level 2/3 Non Practicing	

CHORUS WORK TYPE COMPETENCIES (Evidence can be obtained from NZQA - New Zealand Qualifications Authority)

10507	Use personal protective equipment within an electricity network environment	✓
10508	Identify electricity systems in preparation for work	✓
10509	Climb and work on electricity/telecommunication network structures	✓
10543	Identify and protect underground services during excavations and reinstatement.	
15757	Use, install and disestablish proprietary fall arrest systems when working at height.	
17025	Carry out a rescue from an electrical structure	✓
17600	Explain safe work practices for working at heights	
17602 or 17490	Apply hazard identification and risk assessment procedures in the workplace.	
18030	Operate power-operated elevating work platform (EWP) to prune trees around electrical lines.	
18038	Demonstrate knowledge of and apply health and safety in the electricity supply environment.	✓
18274	Demonstrate knowledge of electricity supply networks	
18276	Operate light lifting and rigging equipment in the electricity supply environment.	
20092	Demonstrate knowledge of electricity transmission and distribution plant and equipment.	
23229	Use a safety harness for personal fall prevention when working at height	✓
25045	Employ height safety equipment in the workplace	
28112 (Ex 10510/10549)	Operate and store machinery, plant and equipment in an electricity network environment	
N/A	Training In ECP34	
N/A	Training in SM-EI parts 1 & 2	

Please provide copies of any Telecommunications/Electrical Certificates or Qualifications that could be considered equivalent to the competencies listed above

Fire Warden Training	NZQA Unit Standards
Site Safe Building Construction Passport	
Site Safe Civil/Telco Passport	
Site Safe Supervisor Gold Card Passport	
PTTN - Protecting the Telecom Network	
Chorus Competency Assessment	Chorus Know How - Copper
Chorus Competency Assessment	Chorus Know How - Residential
Chorus Competency Assessment	First Time Fix Training & Accreditation
Working at Heights	NZQA Unit Standards
NZQA Telecommunications or equivalent	Level 3
NZQA Telecommunications or equivalent	Level 4

Acknowledgement

I state that the documents presented are originals and that all information supplied is correct.

I also hereby acknowledge that I have attended a Project Specific Induction and undertake to follow the site specific guidelines given and all site safety rules to the best of my ability and:

- I agree to work to the requirements of the Safety Management Plan in accordance with the requirements of the Conditions of Contract as signed by my company
- I acknowledge that the Project Safety and Health Policies have been communicated to me.
- I have been informed of the members of the Visionstream Safety Committees

Signature: Parddeep Singh

Date: 09-06-2017

VISIONSTREAM POST ONBOARDING REQUIREMENTS (Office Use Only)

Uniform ordered (where applicable)	<input type="checkbox"/>	Vehicle setup completed (where applicable)	<input type="checkbox"/>
Access Cards obtained (where applicable)	<input type="checkbox"/>		
Competency/Training Name	Description		Date Obtained
Project Specific Induction	State which here:		
Online Safety Essentials	Mandatory - Field SHE Induction		
Online Safety Essentials	Mandatory - Safety Essentials Awareness		
Online Safety Essentials	Mandatory - SHE Risk Management		
Online Safety Essentials	Mandatory - Manual Handling		
Online Safety Essentials	Mandatory - Environmental Awareness		
Online Safety Essentials	Training Module - Electrical Works		
Online Safety Essentials	Training Module - Working at Heights		
Online Safety Essentials	Training Module - Driver Alertness		
Online Safety Essentials	Training Module - Working with Utility Services		
Online Safety Essentials	Training Module - Excavation Works		
Online Safety Essentials	Training Module - In the vicinity of Vehicular Tra		
Online Safety Essentials	Training Module - Working in and around Mobi		
Online Safety Essentials	Training Module - In Remote & Isolated Locati		
Online Safety Essentials	Training Module - Heavy Lifting		
Online Safety Essentials	Training Module - Exposure to Asbestos		