



# Registration & Induction Form

## SECTION 1 – Personal Information

Name, National Insurance Number & Date of Birth			
Positions(s) Applied for			
First Name		Last Name(s)	
National Insurance No		Date of Birth	DD/MM/YYYY
Address			
House name or number			
Road Name:			
Town/City			
Postcode			
Contact Information			
Mobile Tel		Home Tel	
Email			
Driving and Vehicles			
Do you have a valid driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you own your own vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Number of penalty points on licence			
Next of Kin – to contact in case of emergency			
Name		Contact telephone	
Relationship (for example wife, parent)			
Doctor/GP Details			
Are you currently registered with a GP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Doctor/GP Name		Surgery Telephone Number	
Surgery Address			

## Section 2 – Identification and Right to Work in the UK

Right to work in the UK			
Please give your Nationality			
Do you have the right to work in the UK?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a restriction on the length of time you can work in the UK?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you ticked YES please give dates:		From:	To:
Documentation			
Please indicate which form of proof you have provided as evidence of your right to work in the UK			<b>TICK ONE BOX</b>
Current UK Passport			<input type="checkbox"/>
<u>either</u> Full Birth Certificate with Proof of National Insurance Number			<input type="checkbox"/>
<u>or</u> EU (or Swiss) Passport or National Identity Card			<input type="checkbox"/>
<u>or</u> Non EU (or Swiss) Passport + VISA			<input type="checkbox"/>
<u>or</u> Non EU (or Swiss) Immigration Status Document with Proof of National insurance number			<input type="checkbox"/>
<u>or</u> Non ES (or Swiss) Biometric Residence Card/Letter			<input type="checkbox"/>
<u>or</u> Certificate of Naturalisation			<input type="checkbox"/>
Passport No.		Expiry Date	Visa No



# Registration & Induction Form

## Section 3 – Skills, Qualifications, Competencies and Experience

Competency Membership Cards & Qualifications					
Please tick to indicate if you hold any of the following competencies or qualifications, if so give details					
Qualification/Course	Tick if Held	ID Number	Awarded Date	Expiry Date	Classification (eg for CITB include Blue, Red, Green etc.)
CSCS	<input type="checkbox"/>				
CPCS	<input type="checkbox"/>				
PTS/Sentinel	<input type="checkbox"/>				
London Underground	<input type="checkbox"/>				
Docklands Light Railway	<input type="checkbox"/>				
General Education & Professional Qualifications					
Please provide information about your educational, college and vocational qualifications and Training (for example NVQs, City and Guilds, Apprenticeships)					
Please provide information on practical skills acquired and specialist training or experience (for example engineering experience gained as part of armed forces employment)					
Work Expectance & References					
Please provide 2 work references which we can contact to verify your employment history details					
<u>Reference Number 1</u>			<u>Reference Number 2</u>		
Company Name			Company Name		
Name of Referee			Name of Referee		
Contact Number			Contact Number		
Referee's Job Title			Referee's Job Title		
Your Job Role/Position			Your Job Role/Position		
Details of your duties			Details of your duties		
Year Job Started			Year Job Started		
Length of Employment			Length of Employment		
Reason for leaving			Reason for leaving		
<i>Please note that if your application is successful we will contact the above referees, if you would prefer us not to do this please let us know</i>					



# Registration & Induction Form

## Section 4 – Criminal Record, Police Checks and Security Clearances

Criminal Record			
Have you ever been convicted of a criminal offence? **		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details			
<p>** You may be offered an opportunity to work within an Environment or establishment where you come into contact with children or other vulnerable groups, or your professional occupation may fall within certain expected categories where this is likely to apply, the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 requires us to ask you for additional information. A criminal check from the Disclosure and barring service may be required when this type of work is sought. Do you have any previous convictions, whether or not they are 'spent' within the Act, including any cautions, reprimands, final warnings, bind-overs or any convictions from overseas</p>			
DBS Disclosure			
Do you hold a DBS disclosure or overseas police check carried out in the last 3 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details			
Security Clearance			
Do you hold any form of current Security Clearance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details	Level of Clearance	Expiry Date	Place of Work where held

## Section 5 – Payment Method

Payment options				
Please select <b>ONE OPTION</b> from the below list of payment options:				
PAYE Umbrella Companies	Deploy (UK) RAIL LTD	LIQUID FRIDAY	<input type="checkbox"/>	Please select only ONE option
		THE GUILD HARBOUR	<input type="checkbox"/>	
	Payment via a LIMITED COMPANY **			
<p>** If Yes please complete the attached checklist and provide copies of the necessary documents so you can be set up for payment.</p>				

## Section 6 – Working Time Directive

The Working Time Regulations	
Information on the Working Time Directive can be found in the Induction Pack (IMSF-DEGR-16) and also at <a href="http://www.legislation.gov.uk/ukxi/1998/1833/contents/made">www.legislation.gov.uk/ukxi/1998/1833/contents/made</a> & <a href="http://www.hse.gov.uk/contact/faqs/workingtimedirective.htm">www.hse.gov.uk/contact/faqs/workingtimedirective.htm</a>	
Please tick ' <b>Yes</b> ' to confirm you have received, read and understood all relevant information on the Working Time Directive	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tick ' <b>Yes</b> ' to confirm you wish to <u>opt out</u> of the Working Time Regulations and agree to work in excess of the 48 hour limit	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section 7 – Company Policies

Company Policies	
Please tick to confirm you have received, understood and agree to adhere to our Company Policies and Processes as follows (these are found in our Induction Information Pack):	
Company Alcohol & Drugs Policy	Immigration Policy
Worksafe Policy	Quality, Environmental & Sustainability Policy
Health & Safety Policy	Anti-Bribery & Corruption Policy
Corporate & Social Responsibility Policy	Rail Alcohol & Drugs Policy (Rail workers only)
Equal Opportunities & Diversity Policy	Rail Working Hours Policy (Rail workers only)
Policies received, understood and you agree to adhere to them?	Yes <input type="checkbox"/> No <input type="checkbox"/>



# Registration & Induction Form

## Section 8 – Induction Information Pack and Briefing

<b>Induction Pack</b>	
Please tick to confirm you have received and understood our Induction Information Pack (IMSF-DEGR-16) and received a briefing on its contents which includes the below listed topics:	
Please see table of contents of IMSF-DEGR-16	
Pack and briefing received and understood?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section 9 – Occupational Health

<b>Exposure to Hazards</b>			
Please identify any hazards you have been exposed to in your current (or any previous) jobs:			
Noise	<input type="checkbox"/>	Repetitive Movements	<input type="checkbox"/>
Radiation	<input type="checkbox"/>	Biological Hazards	<input type="checkbox"/>
Dusts	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>
Vapours	<input type="checkbox"/>	Working at Heights	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	Extreme Temperatures	<input type="checkbox"/>
Chemicals	<input type="checkbox"/>	Carcinogens	<input type="checkbox"/>
Fumes	<input type="checkbox"/>	Stress	<input type="checkbox"/>
<b>Your medical History</b>			
Please answer the below questions, if you answer 'Yes' to any please give more information below			
Are you <u>currently</u> or have <u>recently</u> received any form of medical treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you taking any regular medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you had more than 10 days off work in the last 24 months (due to ill health)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you been retired early on the grounds of ill health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you required health surveillance because of your job	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you been advised not to undertake night or shift work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you had to notify the DVLA of a medical condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please give more details here if you ticked yes to any of the above questions			
<b>Lifestyle</b>			
Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, roughly how many per day?	
Do you drink alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, roughly how many units per week?	
Do you wear glasses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what do you wear them for? (eg driving)	
<b>Existing Conditions</b>			
Do you suffer from any of the following -			
High blood pressure, angina, heart attacks, poor circulation, chest/lung complaints, hearing/balance problems, back/neck/arm pain, rheumatism/arthritis, kidney/bladder problems, speech/writing difficulties, diabetes, defective colour vision, addiction to drugs or alcohol, recurrent numbness/tingling of hands and/or fingers, any form of disability, skin complaints, sleep disorders, serious head injury, stomach problems, liver/bowel problems, blood disorders, Hepatitis B, epilepsy, fits, blackouts, mental/psychological illness, headaches/migraines, visual problems, asthma, any other significant medical problem			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please give details	



# Registration & Induction Form

## Section 10 – Declaration and signature

### Declaration

I, the undersigned, declare that the answers I have given to the questions and the statements I have made contained within this document are both truthful and accurate and that should any information given herein or given in the future be false or misleading this may result in the termination of this agreement. I have omitted no fact that could affect my future employment.

I will inform Deploy (UK), Decontaminate (UK), Deconstruct (UK), Derisk (UK) and Deploy (UK) Rail of any circumstances that may affect my work, such as changes to health, subsequent pending prosecutions or convictions which may arise whilst I am registered for permanent or temporary work.

I hereby give permission for the aforementioned companies to hold copies of documents I have submitted as proof of identity and that the companies reserve the right to keep personal information on all registrations and will provide such information only on a need to know basis.

I consent that the information given here may be used from time to time for H&S, security or statistical purposes, or to comply with CDM Regulations and other statutory requirements.

By accepting an offer to work, I agree to the company retaining such information, which can include health and sickness information, ethnic origin, trade union memberships and disciplinary matters. I can request access to my records once a year and, if necessary, require corrections should details be faulty.

I am willing to produce if required, at my own expense a statement by a qualified Medical Practitioner confirming that I am fit to work in the construction industry. I agree to undergo a medical examination at any time at the request of the Company (at its expense) by my own doctor or by a Medical Practitioner appointed by the Company.

I have been briefed on the contents of and agree to adhere to the company Induction Information Pack (IMSF-DEGR-16) including all policies and procedure.

I accept and agree that there may be periods when no work is available and there is no obligation on the Company to find work for me or for me to accept work offered. I have openly disclosed that I am registered with other agents and accept other work from time to time.

If at any time I take on additional work outside of my agreement with the company that would result in breaching the working rule agreement, I will inform the company immediately.

I authorise the company to auto subscribe me to the Companies Blog and invite me to connect to any of the Companies (and associated) media sites.

I accept that previous employers may be contacted for a reference

I agree when necessary to work in excess of 48 hours per week, and that I may terminate this agreement at any time subject to giving 7 days' notice in writing (in line with the WTR 1998 agreement).

I give permission for information to be disclosed to the company by the doctor that is relevant to my health and safety (and that of others)

Print Name:	Date:	Signature:

### For Office use only

As Deploy (UK)/Decontaminate (UK)/Deconstruct (UK)/Derisk (UK) and Deploy (UK) Rail representative I hereby confirm that; I have briefed the candidate on the content of IMSF-DEGR-16, am satisfied that they are aware of their H&S obligations while working for the aforementioned companies, the candidate has agreed to our policies, has presented all the relevant documents, that copies have been taken for immigration purposes and shall be sent to the compliance department for verification, I confirm that the photographic identification bears a true resemblance to the person with which I have engaged.

Print Name	Date:	Signature



# Registration & Induction Form

## Section 11 – Limited Company Checklist

Limited Company Documents and Information Required		
If you wish to be paid through a limited company we will require the following documents in order to set you up for payment correctly. Please ensure you supply this information otherwise payments to you will be delayed. Please tick to confirm you have supplied the items listed:		
A copy of your Certificate of Incorporation		<input type="checkbox"/>
Insurance Documentation	Public Liability (compulsory)	<input type="checkbox"/>
	Employers Liability (if applicable)	<input type="checkbox"/>
	Professional Indemnity (if applicable)	<input type="checkbox"/>
Are you VAT registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES please provide a copy of your VAT certificate
Are you CIS registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES please provide your UTR number
Is your UTR number registered with CIS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO please call the CIS helpline on 030 0200 3210 option 1 to register

**Any missing or incorrect information may result in the delay of payment**



# Registration & Induction Form

## Section 12 - Contract of Sponsorship (Rail Only)

### Contract of Sponsorship

This document details the contractual arrangements for the primary sponsorship of an individual on the Sentinel System for the management of people working on Network Rail Managed Infrastructure (NRMI) and is between Deploy (UK), Decontaminate (UK), Deconstruct (UK), Derisk (UK) and Deploy (UK) Rail and:

Name:

Sentinel Number:

Either Deploy (UK), Decontaminate (UK), Deconstruct (UK), Derisk (UK) or Deploy (UK) Rail will act as the named individual's primary sponsor for work carried out on Network Rail Managed Infrastructure (NRMI).

In addition to Deploy (UK), Decontaminate (UK), Deconstruct (UK), Derisk (UK) or Deploy (UK) Rail the named individual is entitled to have up to 2 sub-sponsors. Sub sponsors will only be accepted by Deploy (UK) Ltd and Deploy (UK) Rail Ltd through the Sentinel website.

Deploy (UK), Decontaminate (UK), Deconstruct (UK), Derisk (UK) or Deploy (UK) Rail, 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 Sentinel Smart Card at all times while working on any Network Rail Managed Infrastructure.
- The individual will co-operate with their Primary Sponsor to ensure the personal information held in the Sentinel Scheme Database and printed on the Sentinel Smart Card remains accurate.
- The Individual shall follow the rules of personal accountability for working safely on Network Rail Managed Infrastructure, including compliance with the Lifesaving Rules.
- The Individual has a responsibility to manage their Sponsor relationships and at all times when working on the Network Rail Managed Infrastructure an Individual has a responsibility to:
  - A. Know the identity of their Primary Sponsor.
  - B. Know which Sub-Sponsor they are working for (when they are not working for their Primary Sponsor)
  - C. Provide the correct name of the Sponsor they are working for when booking into site.
  - D. Individuals are required to notify the Primary Sponsor if they no longer wish to be sponsored by them so they can be de-sponsored. *Change of sponsorship must be requested online through My Sentinel.*

#### As primary Sponsor Deploy (UK), Decontaminate (UK), Deconstruct (UK), Derisk (UK) or Deploy (UK) Rail will ensure you receive:

- A valid Sentinel Smart Card (If you don't already have one). *N.B. Your first card will be free of charge, any replacement card required due to loss or theft will result in a charge per card payable in advance of supplying the new card.*
- An induction briefing which will include, as a minimum, the rules and responsibilities of the Sentinel Scheme
- Suitable PPE, so marked as to identify who an Individual is working for when on Network Rail Managed Infrastructure
- Regular briefings on changes to standards, rule book updates and Sentinel Scheme rule updates
- Training and assessments to ensure competence at required intervals
- Personal issue information such as handbooks and relevant information
- Advice, guidance or instruction on any restrictions based on medication and other medical fitness issues
- Mentoring support to develop the competence of the Individual
- Safety Critical equipment which is calibrated and fit for purpose for you to undertake their competencies

**By signing this Contract of Sponsorship I agree to the Sentinel Scheme Rules attached and the responsibilities of the Sentinel Scheme as outlined above and for Deploy (UK) Ltd and Deploy (UK) Rail Ltd to act as my Primary Sponsor.**

Name	Signature	Date:



# Registration & Induction Form

## Section 13 – PPE (Rail Only)

### PPE

This form is to be completed by the candidate to indicate what PPE is currently held and what size would be required should the item need to be given to them.

For all items of PPE held the company representative shall confirm it is in a suitable condition for use and if not held or inadequate will confirm a suitable item has been issued to the candidate

Item	Size Required	Fit for Purpose	Replacement Required
Hi-Visibility Vest – BS EN 471 Class 2		<input type="checkbox"/>	<input type="checkbox"/>
Safety Boots - BS EN ISO 20345		<input type="checkbox"/>	<input type="checkbox"/>
Safety Helmet – BS EN 397 – WHITE	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Safety Helmet – BS EN 397 – BLUE	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Cap Lamp	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Hi-Visibility Coat or Bomber Jacket - BS EN471 Class 3.2, PR EN343 Class 3.3		<input type="checkbox"/>	<input type="checkbox"/>
Hi Visibility Wet Weather Gear - BS EN471 Class 3.2, PR EN343 Class 3.3		<input type="checkbox"/>	<input type="checkbox"/>
Hi-Visibility Trousers – BS EN471 Class 2		<input type="checkbox"/>	<input type="checkbox"/>
Safety Goggles – BS EN 166	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Ear Defenders – BS EN 352-1	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Gloves – Cut 5 Ventilated back Rubber coated palm		<input type="checkbox"/>	<input type="checkbox"/>
Other Please specify:		<input type="checkbox"/>	<input type="checkbox"/>

**I confirm I am in possession of or have been issued the items detailed in the list above and accept that if I leave within 1 month of my first engagement I must return all equipment issued to me or I may be charged for the unreturned equipment**

Name	Signature	Date:

**To be completed by the company representative: I confirm I have checked the New Starters PPE as detailed above and can confirm it is in good, serviceable condition and meets the required standard and classifications**

Name	Signature	Date: