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| This form to be completed and submitted a minimum of 48 hours prior to the preferred induction date. |
| **SITE:**QUADRANT 4 |  **DATE:**15/09/16 |
| **General Details** |  |
| FORENAMES\*: AURELIJUS |  SURNAME\*KULSINSKAS:  |
| ARE YOU MALE OR FEMALE? |  MALE FEMALE |
|  |  |
| DATE OF BIRTH\*:18/10/1977 | PREFFERED INDUCTION DATE\*: 15/09/16 |
| **Employment Details** |  |
| PACKAGE CONTRACTOR\*: RAPHAEL CONTRACTING |  |
| COMPANY / AGENCY NAME\*: RAPHAEL CONTRACTING |  |
| DATE JOINED COMPANY\*: 02/04/2007 |  DATE JOINED AGENCY: N/A |
| TRADE\*: CARPENTER |  |
| **Skills and Experience** |
| POSITION\*: Manager Supervisor Operative Apprentice |
| FIRST AID TRAINING: Y N DATE OF TRAINING: 19/09/2013 |  |
| ARE YOU AN APPRENTICE:   |  WHAT SUBJECT: N/A WHAT YEAR DID YOU START: N/A  WHAT COLLEGE ARE YOU ATTENDING: N/A |
| **SRM Safety Training (SLT) Qualifications/ Trade Skills Qualifications** |

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| Qualification Held |  |  | Date Achieved | Expiry Date |
| 1. | SMSTS | 13/09/13 | 30/09/18 |
| 2. | PASMA |  | 24/03/2020 |
| 3. | NVQ LEVEL 2 CARPENTRY & JOINERY & GENERAL CONSTRUCTION OPS |  |  |
| **CSCS or other competency/skills Cards** |
| TYPE OF CARD | NUMBER | CARD & COLOUR | EXPIRY DATE |
| 1.CSCS | 01243779 | BLUE | March 2017 |
| 2.IPAF | OP/1186348 | YELLOW | 31/01/21 |
| 3. |  |  |  |

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| **Personal Details** |
| CONTACT PHONE NUMBER:  | 07894 884882 |
| EMAIL ADDRESS:  | auris@raphaelltd.co.uk |
| RESlDENTIAL POSTCODE WHILST ON THIS PROJECT: | RM3 9JR |
| **Languages** |
| FIRST LANGUAGE: INDIAN |  | WRITTEN | SPOKEN |
| OTHER LANGUAGES: | ENGLISH | PROFICIENCY |  |  |
| LITHUANIAN | PROFICIENCY |  |  |
| **Workforce Travel Details** |
| We are required to monitor and report upon the full environmental impact of our operations. To enable this we need to record your method of transport and mileage (one way) from where you will be travelling from each day. |  | DISTANCE TRAVELLED\* |
| WALK |  |
| CYCLE |  |
| PASSENGER (in a car/van) |  |
| CAR - PETROL |  |
| CAR - DIESEL |  |
| CAR - LPG/HYBRID |  |
| VAN - PETROL |  |
| VAN - DIESEL |  |
| MOTORBIKE |  |
| BUS |  |
| RAIL |  |
| UNDERGROUND |  |
| OTHER |  |
| TOTAL MILEAGE\* |  |

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| **Employee declaration and compliance with the Data Protection Act.** |
| I AGREE THAT ALL THE INFORMATION CONTAINED IN THIS SECURITY APPLICATION FORM AND MY PHOTOGRAPH AND BIOMETRIC INFORMATION MAY BE PROCESSED BY SIR ROBERT MCALPINE LIMITED AND/OR THIRD PARTY DATA PROCESSORS ACTING ON THEIR BEHALF IN ACCORDANCE WITH THE DATA PROTECTION ACT 1998, FOR THE PURPOSES OF:* ADMINISTERING RECORDS OF ALL PERSONNEL WHO HAVE ACCESS TO THE SITE;
* PROPER ADMINISTRATION OF SECURITY PROCEDURES AND MAINTAINING A REGISTER OF ACCESS TO THE SITE;
* TO COMPLY WITH HEALTH & SAFETY OBLIGATIONS;
* TO COMPLY WITH ALL LEGAL AND REGULATORY REQUIREMENTS;
* TO ASSIST IN MONITORING CARBON FOOTPRINTING AND BREEAM REPORTING;
* TO ENSURE THE COMPETENCY OF THOSE ON SITE TO PERFORM THEIR DUTIES;
* TO ENSURE AN ADEQUATE UNDERSTANDING OF SPOKEN ENGLISH AND/OR TO IDENTIFY THOSE WHO MAY ACT AS A TRANSLATOR FOR THOSE WHO DO NOT HAVE AN ADEQUATE UNDERSTANDING OF SPOKEN ENGLISH.

I WILL NOTIFY SRM IMMEDIATELLY SHOULD ANY OF THESE DETAILS CHANGE. |
| Print Name\*: | Aurelijus Kulsinskas | Date\*: | 15/09/16 |
| Signature\*: |

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| **Employer Declaration (to be completed by an authorised representative of the Package Contractor)** |
| I CONFIRM THAT:-* THE INDIVIDUAL NAMED ON PAGE 1 IS EMPLOYED BY THE COMPANY NAMED BELOW
* THE INDIVIDUAL'S ID HAS BEEN CHECKED TO VERIFY THEIR IDENTITY
* IT HAS BEEN VERIFIED THAT THE INDIVIDUAL HAS THE RIGHT TO WORK IN THE UK
* THE INDIVIDUAL IS COMPETENT TO CARRY OUT THE TASKS ASSIGNED TO THEM
* IT HAS BEEN VERIFIED THAT THE INDIVIDUAL HAS A SKILLS CARD WHICH IS APPROPRIATE TO THEIR OCCUPATION
* THE INDIVIDUAL IS PROFICIENT ENOUGH IN ENGLISH TO UNDERSTAND THE SITE INDUCTION, SITE INSTRUCTIONS, READ PERMITS AND RECOGNISE SITE SIGNAGE. (IF NOT, I WILL PROVIDE A TRANSLATOR FOR THEIR INDUCTION AND WILL ENSURE A PERSON CONSERVANT IN THEIR LANGUAGE AND ENGLISH DIRECTLY SUPERVISES THEM).

WE WILL ADVISE SRM IMMEDIATELLY SHOULD THERE BE ANY CHANGE TO THE INFORMATION SUBMITTED. |
| Company\*: | RAPHAEL CONTRACTING | Position\*: | PROJECT MANAGER |
| Print Name\*: JASON WRAY | Date\*: 15/09/16 |
| Signature\*: **Jason Wray** |

Footnote 1 – Mandatory fields are marked with an \*

Footnote 2 – The above information should be entered into the Datascope access control system. This document should then be scanned into EDMS prior to the paper copy being destroyed.

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| **Sensitive Personal Information –** All information on this page will be treated as confidential |

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| **Your Health** |
| PLEASE LET US KNOW IF YOU ARE TAKING ANY SPECIALLY PRESCRIBED MEDICATIONS OR YOU HAVE ANY MEDICAL CONDITIONS THAT THE COMPANY SHOULD BE AWARE OF BECAUSE THEY MAY AFFECT YOU AT WORK. THIS INFORMATION WILL BE KEPT STRICTLY IN CONFIDENCE AND WE WILL ONLY USE THIS INFORMATION IF YOU BECOME ILL AT WORK TO HELP YOU OR FOR YOUR SAFETY ON SITE. |
| N/A |

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| **Equal Opportunities Monitoring –** Access to this data will be restricted by security within our IT systems |
| NATIONALITY: |
| ETHNICITY: How would you describe your ethnicity | WHITE | BRITISH |  |
| IRISH |  |
| OTHER WHITE |  |
| MIXED | WHITE & BLACK CARIBBEAN |  |
| WHITE & BLACK AFRICAN |  |
| WHITE & ASIAN |  |
| OTHER MIXED |  |
| ASIAN OR ASIAN BRITISH | INDIAN |  |
| PAKISTANI |  |
| BANGLADESHI |  |
| OTHER ASIAN |  |
| BLACK OR BLACK BRITISH | BLACK CARIBBEAN |  |
| BLACK AFRICAN |  |
| OTHER BLACK |  |
| CHINESE OR OTHER ETHNIC GROUP | CHINESE |  |
| OTHER ETHNIC GROUP |  |

Footnote 1 - The above information should be entered into the Datascope access control system. Once data has been entered into Datascope this paper copy should be destroyed.