

### 3. HEALTH AND SAFETY (please tick when complete)

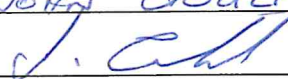
Procedure in the event of fire (alarms, fire exits, fire extinguishers)	<input checked="" type="checkbox"/>
Procedure in the event of an accident	<input checked="" type="checkbox"/>
Location of first aid box/accident book	<input checked="" type="checkbox"/>
Who are designated first aiders?	<input checked="" type="checkbox"/>

### 4. STAFF POLICIES

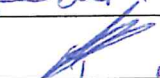
Has the new employee received the following Company Policies and have they been explained to him/her?

Grievance Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disciplinary Policy and Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Harassment and Bullying Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sickness & Absence Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health & Safety Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Environmental Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Quality Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IT and Internet Use Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I confirm the induction course has been completed:

Line Manager Name:	John Gould
Signature:	
Date:	27-10-2023

I confirm the induction course has been completed and that I have received and understood the information set out above:

Employee Name:	Robert Pender
Signature:	
Date:	27/10/2023

When Induction Checklist Form is complete, please send it to the Office Manager

# Raphael Contracting Ltd. and JMS Specialist Joinery Ltd.

## Induction Checklist Form

Employee Name:	ROB PINDER	Employee Position:	LABOURER
Line Manager:	STEVE WRIGHT	Department:	FACTORY

It is the Company's policy to provide all new employees with a full induction course. This induction checklist is designed to ensure that all relevant information is covered. The line manager should tick each point to confirm this.

The form should then be signed by the new employee and returned to Steve Wright/John Gould at the end of the induction programme to confirm that the necessary information has been received and understood.

### 1. INTRODUCTION TO THE COMPANY (please tick when complete)

Introduce the new employee to his/her line manager	<input checked="" type="checkbox"/>
Introduce the new employee to the rest of the team	<input checked="" type="checkbox"/>
Explain purpose of new employee's role	<input checked="" type="checkbox"/>
Explain structure of department	<input checked="" type="checkbox"/>
Explain structure of company	<input checked="" type="checkbox"/>

### 2. HOUSEKEEPING (please tick when complete)

Where will the new employee sit?	<input checked="" type="checkbox"/>
Point out kitchen, washing facilities, toilets	<input checked="" type="checkbox"/>
Explain office security arrangements	<input checked="" type="checkbox"/>
Explain restrictions re: use of phone/mobiles/social media	<input checked="" type="checkbox"/>
What are arrangements re payment of salary? How/when will the employee be paid?	<input checked="" type="checkbox"/>
Has all new joiner documentation been provided/completed/signed?	<input type="checkbox"/>
Confirm holiday entitlement and process to follow when booking holiday	<input checked="" type="checkbox"/>
Explain dress standards	<input checked="" type="checkbox"/>
Confirm procedure to be followed in the event of sickness or other absence	<input checked="" type="checkbox"/>

**Raphael Contracting Ltd and JMS Specialist Joinery Ltd.**  
**New Starter Form – CIS & PAYE**

**Personal Details**

Full Name:	Robert Pender	Title:	Mr
Home Address:	21 Cherry Road Banbury OX16 0RL	Home Tel No:	
		Mobile No:	07830030013
		Date of Birth:	21/04/1977
<Town>	<Post Code>	Marital Status:	Single
CSCS Card Reg. & Colour		UTR No:	
E-Mail Address:	robertpender@live.co.uk	NI No:	JE284205B

**Work Details**

Start Date:	23/10/23	Probation Period:	
PAYE / CIS:		Line Manager:	STEVE WRIGHT
Position/Trade:		Permanent/Temp:	
Salary/Day Rate:		Full-Time/Part-Time:	

**Bank Details**

Bank Name:	Santander	Name on the Account:	Mr R.A. Pender
Branch Address:	7 High Street Banbury	Account No:	16777347
		Sort Code:	09 01 29
<Town>	OX16 5DZ	<Post Code>	


**Next of Kin Details**

Full Name:	Karen May	Relationship:	Girlfriend
Address:	5 De La Warr Drive Banbury	Home Tel No:	07507 234171
		Work Tel No:	01295 264137
<Town>	OX16 1BF	<Post Code>	
		E-mail Address:	

**Additional Information Required**

Qualifications Held: Forklift license (expired)  
Any Training Requirements:  
Languages Spoken:  
Any Special Needs (Re Disability)

Please return this form and all other documents as advised by your foreman to Debbie Singh as soon as possible.  
(Raphael House, 123 Roebuck Rd, Chessington, Surrey KT9 1EU. [debbie@raphaelltd.co.uk](mailto:debbie@raphaelltd.co.uk) / 0208 391 9100.

Printed Name:	Robert Pender
Signature:	
Date:	23/10/23





Occupational Safety Training and Advisory Services



## Quality in Training

Bordesley Street, Digbeth, Birmingham B5 5PG  
Tel: 0121 643 9034 Head Office: 01926 813356 Fax: 01926 817311

An ITSSAR Accredited Lift Truck Training Organisation

ITSSAR Reg No: 3:10048

**Lift Truck Operator**

# Certificate of Basic Training

This is to certify that

**Robert Pender**

**Of**

**JMS Specialist Joinery**

Has completed a 3 day Basic Fork Lift Truck Operators Course and has passed a practical test of Basic Operating Skills as recognised by the Accrediting Bodies Association Workplace Transport 2012

Course Reference No: 20432/sh

Held At: Unit B, Bourne End. Kinton Rd Industrial Estate. Southam CV47 0NA

Start Date: 17/08/2016

Finish Date: 24/08/2016

Machine Type: L.P.G

Model: Caterpillar GC-40K

Capacity: 4000KG@600MM

Attachments: FORKS

Lift Height Used in Test: 3700MM

TOPS : 111436

ITSSAR Group Ref: B1

Date of Test: 24/08/2016

No. of Delegates on the course: 1

Instructor Name: Leo O'Reilly

Signature: 

ITSSAR Reg No: 1:15942

Examiner Name: Norman Ross

Signature: 

ITSSAR Reg No: 1:13106

Authorised By: Sue McGhie

Signature: 

**Certificate No: 31928**

This certificate complies with the recommendations of the Health and Safety Commission Approved Code of Practice and Supplementary Guidance for Rider Operated Lift Trucks Operator training (L117).