

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

**Personal Details**

Full Name:	FFION PUGH-KEENAN	Title:	MRS
Home Address:	1 THE FENS CHAPEL GREEN NAPTON ON HILL SOUTHAM CV47 8PA	Home Tel No:	—
<Town>	SOUTHAM	Mobile No:	07554 629418
	<Post Code>	Date of Birth:	24.09.1996
CSCS Card Reg. & Colour		Marital Status:	MARRIED
E-Mail Address:	ffion.p@outlook.com	UTR No:	
		NI No:	PB 41 85 14 C

**Work Details**

Start Date:	24.07.2023	Probation Period:	
PAYE / CIS:		Line Manager:	
Position/Trade:		Permanent/Temp:	
Salary/Day Rate:		Full-Time/Part-Time:	

**Bank Details**

Bank Name:	SANTANDER	Name on the Account:	FFION PUGH-LIPSCOMBE
Branch Address:		Account No:	60306489
		Sort Code:	09-01-29
<Town>	<Post Code>		

**Next of Kin Details**

Full Name:	THOMAS KEENAN	Relationship:	HUSBAND
Address:		Home Tel No:	07415 717773
		Work Tel No:	
<Town>	<Post Code>	E-mail Address:	tomkeen90@hotmail.co.uk

**Additional Information Required**

Qualifications Held:  
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:	FFION PUGH-KEENAN
Signature:	<i>[Signature]</i>
Date:	24.07.2023

# Raphael Contracting Ltd. and JMS Specialist Joinery Ltd.

## Induction Checklist Form

Employee Name:	FIONA PUGH - KEENAN	Employee Position:	SPRAYER
Line Manager:	STEVE WRIGHT	Department:	SPRAYING

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 checked="" 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"/>

### 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

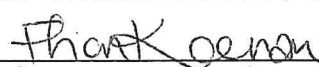
Has the new employee received the following Company Policies and have they been explained to him/her?

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:	STEVE WRIGHT
Signature:	
Date:	24.7.23

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

Employee Name:	FRAN RYAN-KEENAN
Signature:	
Date:	24.07.2023

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