

\*THERE ARE NO OFFICIAL OBSERVATIONS\*

HOLDERS SIGNATURE/SIGNATURE DU TITULAIRE

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

PASSPORT  
PASSEPORT

Type Type

p

Code/Code

GBR

Passport No. Passport No.

561821625

Supp. 1/2/3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100/101/102/103/104/105/106/107/108/109/110/111/112/113/114/115/116/117/118/119/120/121/122/123/124/125/126/127/128/129/130/131/132/133/134/135/136/137/138/139/140/141/142/143/144/145/146/147/148/149/150/151/152/153/154/155/156/157/158/159/160/161/162/163/164/165/166/167/168/169/170/171/172/173/174/175/176/177/178/179/180/181/182/183/184/185/186/187/188/189/190/191/192/193/194/195/196/197/198/199/200/201/202/203/204/205/206/207/208/209/210/211/212/213/214/215/216/217/218/219/220/221/222/223/224/225/226/227/228/229/230/231/232/233/234/235/236/237/238/239/240/241/242/243/244/245/246/247/248/249/250/251/252/253/254/255/256/257/258/259/260/261/262/263/264/265/266/267/268/269/270/271/272/273/274/275/276/277/278/279/280/281/282/283/284/285/286/287/288/289/290/291/292/293/294/295/296/297/298/299/300/301/302/303/304/305/306/307/308/309/310/311/312/313/314/315/316/317/318/319/320/321/322/323/324/325/326/327/328/329/330/331/332/333/334/335/336/337/338/339/340/341/342/343/344/345/346/347/348/349/350/351/352/353/354/355/356/357/358/359/360/361/362/363/364/365/366/367/368/369/370/371/372/373/374/375/376/377/378/379/380/381/382/383/384/385/386/387/388/389/390/391/392/393/394/395/396/397/398/399/400/401/402/403/404/405/406/407/408/409/410/411/412/413/414/415/416/417/418/419/420/421/422/423/424/425/426/427/428/429/430/431/432/433/434/435/436/437/438/439/440/441/442/443/444/445/446/447/448/449/450/451/452/453/454/455/456/457/458/459/460/461/462/463/464/465/466/467/468/469/470/471/472/473/474/475/476/477/478/479/480/481/482/483/484/485/486/487/488/489/490/491/492/493/494/495/496/497/498/499/500/501/502/503/504/505/506/507/508/509/510/511/512/513/514/515/516/517/518/519/520/521/522/523/524/525/526/527/528/529/530/531/532/533/534/535/536/537/538/539/540/541/542/543/544/545/546/547/548/549/550/551/552/553/554/555/556/557/558/559/560/561/562/563/564/565/566/567/568/569/570/571/572/573/574/575/576/577/578/579/580/581/582/583/584/585/586/587/588/589/590/591/592/593/594/595/596/597/598/599/600/601/602/603/604/605/606/607/608/609/610/611/612/613/614/615/616/617/618/619/620/621/622/623/624/625/626/627/628/629/630/631/632/633/634/635/636/637/638/639/640/641/642/643/644/645/646/647/648/649/650/651/652/653/654/655/656/657/658/659/660/661/662/663/664/665/666/667/668/669/670/671/672/673/674/675/676/677/678/679/680/681/682/683/684/685/686/687/688/689/690/691/692/693/694/695/696/697/698/699/700/701/702/703/704/705/706/707/708/709/710/711/712/713/714/715/716/717/718/719/720/721/722/723/724/725/726/727/728/729/730/731/732/733/734/735/736/737/738/739/740/741/742/743/744/745/746/747/748/749/750/751/752/753/754/755/756/757/758/759/760/761/762/763/764/765/766/767/768/769/770/771/772/773/774/775/776/777/778/779/780/781/782/783/784/785/786/787/788/789/790/791/792/793/794/795/796/797/798/799/800/801/802/803/804/805/806/807/808/809/810/811/812/813/814/815/816/817/818/819/820/821/822/823/824/825/826/827/828/829/830/831/832/833/834/835/836/837/838/839/840/841/842/843/844/845/846/847/848/849/850/851/852/853/854/855/856/857/858/859/860/861/862/863/864/865/866/867/868/869/870/871/872/873/874/875/876/877/878/879/880/881/882/883/884/885/886/887/888/889/890/891/892/893/894/895/896/897/898/899/900/901/902/903/904/905/906/907/908/909/910/911/912/913/914/915/916/917/918/919/920/921/922/923/924/925/926/927/928/929/930/931/932/933/934/935/936/937/938/939/940/941/942/943/944/945/946/947/948/949/950/951/952/953/954/955/956/957/958/959/960/961/962/963/964/965/966/967/968/969/970/971/972/973/974/975/976/977/978/979/980/981/982/983/984/985/986/987/988/989/990/991/992/993/994/995/996/997/998/999/1000/1001/1002/1003/1004/1005/1006/1007/1008/1009/1010/1011/1012/1013/1014/1015/1016/1017/1018/1019/1020/1021/1022/1023/1024/1025/1026/1027/1028/1029/1030/1031/1032/1033/1034/1035/1036/1037/1038/1039/10

STORRAR

Given names, Prénoms (2)

JAMES BARRIE

Nationality/Nationalité (3)

BRITISH CITIZEN

Date of birth/Date de naissance (4)

02 MAR /MARS 58

Sex/Sexe (5) Place of birth/Lieu de naissance (6)

M KIRKCALDY

Date of issue/Date de délivrance (7)

03 JUN / JUIN 19 HMPO

Date of expiry/Date d'expiration (9)

03 JUN / JUIN 29

Holder's signature/Signature du titulaire (10)

SEE PAGE ABOVE

P<GBRSTORRAR<<JAMES<BARRIE<<<<<<<<<<<<<<<<<  
5618216250GBR5803022M2906036<<<<<<<<<<<<08

National Insurance № YZ 95 23 19 B.

CONSTRUCTION SKILLS CERTIFICATION SCHEME

MR J STORRAR

REG No: 06211290 EXPIRES END: March 2023

SKILLED WORKER

DRIVING LICENCE

1. STORRAR  
2. JAMES BARRIE

3. 02.03.1958 GREAT BRITAIN

4a. 23.06.2017 4c. DVLA

4b. 18.02.2026

5. STORR503028JB9PA 54

7. *James B Storrar*

8. 12 BRAMBLE CRESCENT, DUNFERMLINE, KY11 8PZ

9. AM/A/B1/B/C1/D1/BE/C1E/D1E/H/K/L/N/P/Q

13.

	9.	10.	11.	12.
AM	19.02.16	01.03.28		
A1				
A2				
A	16.02.76	01.03.28		
B1	04.07.80	01.03.28		
B	04.07.80	01.03.28		
C1	04.07.80	01.03.28		
C				
D1	04.07.80	01.03.28	101	
D				
BE	04.07.80	01.03.28		
C1E	04.07.80	01.03.28	107	
CE				
D1E	04.07.80	01.03.28	101,119	
DE				
fklnpq	16.02.76	01.03.28	118	

12.

FB99783533

1. Name 2. First name 3. Date and place of birth  
4a. Date of issue 4b. Date of expiry 4c. Issued by  
5. Licence number 10. Valid from 11. Valid to 12. Codes



# Raphael Contracting Ltd. and JMS Specialist Joinery Ltd.

## Induction Checklist Form

Employee Name:	James Storrar	Employee Position:	Joiner
Line Manager:	Steve Wright	Department:	Joinery

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 <<HR Administration/name>> 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 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 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)

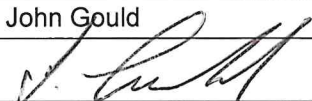
Procedure in the event of fire (alarms, fire exits, fire extinguishers)	<input checked="" type="checkbox"/>
Procedure in the event of an accident	<input checked="" type="checkbox"/>
Location of first aid box/accident book	<input checked="" type="checkbox"/>
Who are designated first aiders?	<input checked=""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

### 4. STAFF POLICIES

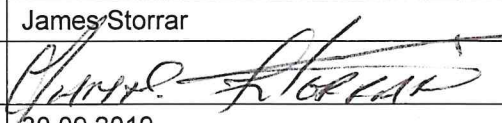
Has the new employee received the following Company Policies and have they been explained to him/her?

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

I confirm the induction course has been completed:

Line Manager Name:	John Gould
Signature:	
Date:	30.09.2019

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

Employee Name:	James Storrar
Signature:	
Date:	30.09.2019

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

DOCUMENT REFERENCE:	HRM-FM-008	VERSION NO:	1.0	CREATION DATE:	08/04/2013	
DOCUMENT OWNER:	MOB			LAST REVISION DATE:	N/A	Page 2 of 2
				NEXT REVIEW DATE:	08/04/2014	