Contract: ………………………………………………… Induction No: ……………………………….

|  |  |  |
| --- | --- | --- |
| **Full Name:** | | **Occupation:** |
| **Employer:** | | |
| **I am over 18 years of age** Yes / No | | **Vehicle Registration:** |
| **Home Address:** | | **Next of Kin Contact Details or who will contact next of kin:**  ***Address:***  ***Tel No:*** |
| **Do you have any medical condition that our First Aider or Site Supervisors should be made aware or?**  Asthma О Heart Condition О Diabetic О Epilepsy О Hearing Loss О  Other please state: | | |
| **Are you on any medication?**  \*This information is not mandatory, however, providing it will ensure you receive prompt and appropriate treatment whilst working on our site. | | |
| Have you read and understood the Risk Assessments for the work to be undertaken on site by you? Yes / No | Have you read and understood the Method Statements for the work to be undertaken on site by you? Yes / No | |
| **Do you have the following PPE:** Boots О Hi-Vis vest / jacket О Hard Hat О List other PPE required by your risk assessment: | | |
| I hold a CSCS card Yes / No | | |
| I have received and understood the site induction and I agree to comply with the site rules  Name …………………………………….. Date ………….……………… | | |
| I have inducted the above person and have viewed evidence of his competency for the work he is to undertake, he is authorised to use plant / equipment on this site where supported by competency:  Inductor …………………………….…….. Date ………………………….. | | |
| **\*Competency Cards held – see next page** | | |

|  |  |  |
| --- | --- | --- |
| Competency Card | Discipline | **Date & Registration** |
| CSCS / CPCS | Construction |  |
| CSCS / CPCS | Plant Operative – *type of plant*: |  |
| CSCS / CPCS | Slinger / Banksman |  |
| FASET | Safety Net Erection |  |
| IPAF | Powered Access Equipment |  |
| NRASWA | Street Works – *State class* |  |
| RTITB / AITT | Fork Lift Operator |  |
| CITB / CISRS | Scaffolding |  |
| ACAD/UKATA | Asbestos Removal |  |
| GAS SAFE | Gas Installation |  |
| Demolition | Demolition Operative Scheme |  |
| EITB / EMTA | Lift Maintenance / Installation |  |
| PASMA | Tower Scaffold Erection |  |
| Other relevant competency cards held and evidence of training for work to be undertaken please state:  *(Copies to be held in Health & Safety Plan)* |  |  |

*ENSURE ALL CARDS ARE STILL CURRENT*

*REFRESHER TRAINING EVIDENCE AFTER 5 YEARS IS STANDARD REQUIREMENT WHERE CARD DOES NOT HAVE AN EXPIRY DATE*

*ENSURE TRAINERS ACCREDITED BY RECOGNISED BODY – IF IN DOUBT DO NOT ACCEPT AS EVIDENCE*

***TO BE FILED SECURELY – CONFIDENTIAL INFORMATION MAY BE CONTAINED.***