



Sign Up instructions

Please follow the instructions below to Sign Up for Richfield:

Please complete and return registration pack please include U.K right to work if applicable – Please send good Copies of – Sentinel Card – Passport – Driving License – National Insurance details

Once we have received registration pack and proofs we will organise a face to face meeting to complete registration

Please ensure you

Read all policies insure you fully understand them

Save GERM8000-trackworkers Iss 3

Pay Roll

We Pay – PAYE UMBRELLA – CIS – LTD COMPANY

Please Contact Topline and register on: **01202 497 665**

Failure to Register will result in Delayed payment

Form Title: Induction pack

Form Ref: MF023

Author: R Bell

Date: Jan2019

Version: V1.0



RICHFIELD

Personnel

INDUCTION PACK

TYPE			
Refresher induction		Yes / No	
New Starter		Yes / No	
Is Inductee working on NR		Yes / No	
Date of Induction			
Sponsorship			
Primary	Yes / No	Sub-Sponsored	Yes / No
Is induction pack complete?		Yes / No	If No, do not sponsor until completed
Date added to Sentinel Database			

Candidate Name	
DOB	
National Insurance	
Candidate Address	
Contact Number	
Sentinel Number	
Email Address	

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Checklist

CHECKLIST ITEM	YES	NO	N/A
Right to work in UK			
Type of ID provided			
Next of Kin provided			
H&S Policy provided & briefed			
ENV policy provided & briefed			
Quality Policy provided and briefed			
Working Hours policy provided & briefed			
Worksafe Policy provided & briefed			
Alcohol & Drug policy provided & briefed			
Candidate wears spectacles			
Opt out of Working Hours Directive			
HSQE Briefing Received			

Where the candidate is a Sentinel cardholder ensure they are shown the induction presentation "Sentinel Induction" detailing the company procedures and copy of the acknowledgement is obtained

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Confirmations

I confirm I have been briefed on, and understand the company policies.			
Signature		Date	
The Company will securely store information relating to its employees both in hard copy and electronically in accordance with GDPR Laws. Do you give your permission for the company to share the information we have on you with other interested parties (Clients / Network Rail / Enforcement Agencies etc.)			
Signature		Date	
I apply for employment with the company and to the best of knowledge and belief all particulars provided are true. I understand that any false statement may disqualify me from employment or lead to dismissal			
Signature		Date	

For Office Use Only Application checked for completion and accuracy	
Name	
Date	
Signature	

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Personnel

Right to Work in the UK

NAME:		
Document Checks must be carried out before commencement of work. Original Documents must be seen and copies taken with the applicants consent.		
Acceptable documents are any one form LIST1 below or two from LIST2A (one being a work permit) Documents from LIST2 and LIST 2A cannot be mixed.		
LIST1 (one document)		Checked/Copied
Passport (British Citizen) or has right to abode in UK		
EEC or Swiss Passport or ID Card		
Resident Permit EEC or Swiss		
Passport or document issued by Home Office endorsed to show right of residence in UK as a national from EEC or Switzerland		
Passport or document issued by Home Office endorsed to show right of residence in UK as a family member of a national from EEC or Switzerland		
Passport or travel document endorsed to show that the holder can stay in the UK and is endorsed to allow the holder to do the type of work on offer if they have no permit		
Application Registration Card issued by the Home Office issued to an asylum seeker stating that the holder is permitted to take employment		
LIST 2 (Two documents A + one other)		
A	Document giving persons permanent national Insurance Number and Name (P45, P60 national Insurance card)	
B	Full Birth Certificate issued in the UK , Channel Islands, Isle of Man or Northern Ireland	
C	Certificate of registration or naturalization stating holder is a British citizen	
D	Letter issued by the Home Office indicating they can stay in the UK and can undertake work	
E	Immigration Status Document issued by the Home Office, endorsed they can stay indefinitely in the UK	
F	Letter issued by Home Office indicating they can stay in UK and undertake work	
G	Immigration Status Document issued by the Home Office endorsed they can stay in the UK and can undertake work	
LIST 2A (Two documents A+ one other)		
A	Work Permit or other approval to take employment that has been issued by Work permits UK	
B	Passport or other travel document endorsed to show that the holder can stay in the UK and can take Work Permit employment	
C	Letter issued by the Home Office confirming that the person can stay in the UK and can take Work Permit employment	

Documents have been checked for suitability		
Name:	Signed:	Date:

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Opt-Out For Sub-Contractors

(1) Opt out under regulation 32 of the Conduct of Employment Agencies Employment Businesses Regulations 2003 ("the Regulations")	
The contractor has agreed to provide services under the company's terms and conditions	
The contractor hereby notifies the company that it wishes to opt out of the regulations. The Contractor hereby confirms that it shall not be bound by the provisions of the regulations which shall not apply to any services provided by the contractor to the company throughout the duration of their agreement.	
(1) Agency Workers Regulations 2010 ("AWR")	
(2) The contractor warrants that any operative placed on assignment under this contract is operating outside the scope of the AWR.	
Name of Contractor	
Address	
Signed (On behalf of the contractor)	
Date:	

Next of Kin

Please provide detail of your next of Kin. Data will be stored on the Sentinel Database.	
Name of next of kin	
Relationship with you	
Address of Next of kin	
Contact Number of next of kin	
Secondary contact number	
Email for next of kin	



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Pre-deployment Safety Critical Checklist (MF 019)

1 Card holder's details					
Forename(s)		Surname			
Card holder's contact no.		Employing company			
2 Card holder's safety critical occupational certification					
Full Sentinel card no.		An authenticated copy of the card holder's Sentinel card must accompany this checklist on submission			
Please confirm details of card holder medical restrictions, i.e. red triangle, blue dot					
Please confirm details of card holder competency restrictions, i.e. competencies under mentorship					
Competence	Duration held (Years/Months)	Expiry date	Competence	Duration held (Years/Months)	Expiry date
Medical			IWA		
PTS AC			COSS		
PTS DC			COSS OLP		
AOD PO			COSS CRP		
AOD PO			PC		
AOD HS			ES		
AOD LXA			ES Level A		
AOD RSA			Strapman Lvl B		
LKT / SW			Switching (DC)		
3 Specific work / activity experience (please indicate whether the cardholder has experience of implementing the specific safe systems of work / activities below by ticking the applicable yellow boxes)					
LKT SW / IWA / COSS / PC		Engineering Supervisor		Other (please specify)	
<u>Line blockage:</u>		<u>Possession:</u>			
Signal Protection only	<input type="checkbox"/> Green Zone	With no train/OTP	<input type="checkbox"/>	Competent Person – Detonator Protection	<input type="checkbox"/>
TCOD	<input type="checkbox"/> Fenced	With train movements	<input type="checkbox"/>		
Disconnection	<input type="checkbox"/> Site Warden Warning	With OTP movement	<input type="checkbox"/>		
Detonator Protection	<input type="checkbox"/>	Route setting via points Operator	<input type="checkbox"/>		
Token Block	<input type="checkbox"/> Red Zone	Route setting via signaller	<input type="checkbox"/>		
Absolute Block	<input type="checkbox"/> ATWS	Level crossing under local control	<input type="checkbox"/>		
Tokenless Block	<input type="checkbox"/> TOWS	Working in axle counter area	<input type="checkbox"/>		
RETB	<input type="checkbox"/> LOWS				
ERTMS	<input type="checkbox"/> Pee Wee				
	<input type="checkbox"/> Unassisted Lookouts				
<u>Possession:</u>					
Within ES worksite	<input type="checkbox"/> Receiving OLP				
With PICOP	<input type="checkbox"/> Receiving CRP				
Without PICOP authority	<input type="checkbox"/> Working in axle counter area				
Poss. Of sidings	<input type="checkbox"/> PC Duties				
Line Clear Verification	<input type="checkbox"/> Hand trolley Controller				
4 Card Holder and Employer Declaration					
<p>Cardholder: I confirm that the above information is true and correct.</p> <p>Employer: I confirm that the above information is true and correct. I understand that if the card holder has medical or competence restrictions these may limit the extent to which they are deployed on behalf of the company. I also understand that the specific work / activity experience identified above will define the scope of the card holder's deployment on behalf of the Company. If the card holder has no experience of a specific work / activity this is a work limiting circumstance and the card holder may not be deployed on the applicable work / activity type until such time that they have been trained, mentored and / or assessed to full competence and the Company has been advised accordingly. I understand that Pre-deployment Safety Critical Checklists are valid for a maximum of 12 months from the date of my sign off and that an updated checklist must be sent to the Company Sentinel Coordinator when any change to the cardholder's experiences or competence occurs. Failure to do so may limit the scope of the card holder's deployment.</p>					
Card Holder Name		Signature		Date	
Employer Representative Name		Signature		Date	

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RAIL PPE ISSUE

Please sign below to declare the Personal Protective Equipment issued to you by the company and to identify any further requirements you may have to carry out your duties. All PPE will initially be provided Free of Charge. Replacements required due to mis-use or reckless damage will be charged for.

ITEM	QUANTITY	ISSUE DATE	RECEIVED	SIGNATURE
Clothing				
Orange Overcoat/Jacket				
Orange HiVis Vest				
Orange HiVis Trouser				
Orange HiVis Bodywarmer				
Safety Equipment				
Gloves – Rigger				
Gloves – Latex grip				
Gloves – CUT-5				
Ear Protection				
Boots	Size:			
Hard hat	Colour:			
Eye Protection				
Head Torch				
Balaclava				

All Rail Clothing provided shall be manufactured in accordance with Rail Industry Standard RIS-3279-TOM

If there is any other PPE you require for your duties please list it below

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MEDICAL SELF CERTIFICATION

Alertness and reasonable physical fitness are essential for duties which may interact with moving trains. It is, therefore, important to be accurate with your answers to this questionnaire, although trivial matters should be ignored (e.g. transient dizziness while gardening two years ago). When you declare NO, you are accepting a degree of responsibility for your safety.

Please study this list and sign the declaration at the bottom:

		YES	NO
1	Do you have Diabetes needing Insulin?		
2	Do you suffer from Epilepsy or fits?		
3	Have you ever had blackouts, recurrent dizziness or any condition, which may cause sudden collapse or incapacity?		
4	Do you get discomfort or pain in the chest or shortness of breath on exercise, e.g. climbing a single flight of stairs?		
5	Do you have difficulty in moving rapidly over short distances, including on slopes, steps or rough ground?		
6	Would you have difficulty in looking over either shoulder?		
7	Would you have difficulty working in out-door open areas?		
8	Would you have difficulty working in enclosed spaces?		
9	Would you have difficulty working above height (e.g. using ladders or maintenance platforms)?		
10a	Do you have difficulty with your eyesight?		
10b	If 'yes' to 10a do you wear spectacles/contact lenses?		
10c	Do you have difficulty in correctly identifying colours?		
11	Do you have any difficulty with your hearing?		
12	Are you taking any medication that is giving you dizziness or drowsiness?		
13	Have you used, or abused, drugs within the last 12 months?		
14	Have you had any alcohol-related illness during the last 12 months>?		

If a person states YES to any of the above then a full medical will be required.

I will inform the company of any change to my health which may affect my ability to perform my duties					
SIGNED:		NAME (Print):		DATE:	
Action taken by					
SIGNED:		NAME (Print):		DATE:	
Accepted by:					
SIGNED:		NAME (Print):		DATE:	

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Staff Safety Responsibility Statement

The following Safety Responsibility Statement applies to all Staff/contractors who will carry out work on or about network Rail Managed Infrastructure

- You are required at all times to ensure avoidance of injury to yourself and colleagues and to minimise risk to the environment, railway infrastructure and the travelling public
- When working near the public you must at all times ensure that the passengers have a clear and safe walking route. If this cannot be achieved then all work must stop until rectified
- You must not start any work on Network Rail Managed Infrastructure if there is any possibility that the works may over-run the agreed timescales
- You are required to demonstrate a positive and encouraging attitude towards health and safety at all times
- You must ensure that all PPE provided is cared for and used when required
- You are required to report all accidents, incidents and near-misses
- You are expected to participate in accident and incident investigations
- You are expected to participate and input in to regular safety briefings, toolbox talks and other meetings when required
- You must not start any work activity until you have been briefed on, and understand the method of work, site specific risks, local hazards, the safe system of work and emergency arrangements.
- You must be briefed on the Work Package Plans and be provided with a copy of the Task briefing Sheet for all work on Network Rail Managed Infrastructure
- Ensure you work to the sections of the Rule Book GE/RT8000 that are relevant to your duties
- Only access rail infrastructure through access points and where practicable use authorised walking routes.
- Follow and work to the instructions given by the Controller of Site Safety/Safe Work Leader (COSS/SWL)
- Always leave the worksite clean, tidy and free from hazards

Name:	
Signature:	
Date:	

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Medical Standards – Eyewear

Do you wear Glasses?	Yes / No
Do you wear contact lenses?	Yes / No
If you do wear contact lenses, do you agree to carry a spare pair of glasses when on or near the line?	Yes / No
Name:	
Signature:	
Date:	

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Working Time Directive and OPT-OUT

The European Union Working Time Directive of a 48 hour maximum working week came into effect on the 1st October 1998. The Directive provides minimum daily and weekly rest breaks, annual holiday entitlement and a limit on the working week to an average of 48hours, and defined night working duties.

In the meantime, the employer is required to obtain details as to whether staff wishes to exercise their right to opt in or out of the working hour's directive. The maximum weekly working time of 48hours will be averaged over a 17 week period. Individuals can if they wish, agree with their employer over the maximum weekly limit, but this must be in writing and on an individual basis. Individuals are given an opportunity to opt back in, in writing to the employer. This does not create an exemption from statutory legal requirements e.g. responsibilities of individuals to comply with Health and Safety Legislation.

Please note that if you choose to opt out in order that you can work in excess of 48hours per week and then choose to opt back in, you will be required to give seven (7) days written notice. The 48hours maximum per week applies to any and all paid employment collectively, not just work undertaken with the company. You are required to notify us in writing of any employment external to the company that you undertake regardless of whether you decide to opt out of the regulations

In order to record our legal obligations, would you please sign below in the relevant section and return one copy of this letter to the company, retaining one copy for their own records.

Name:	
Sign against either (a) or (b)	
a) I want to Opt out of the working time directive	
b) I want to opt in to the working time directive	
Date	

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Working Hours Disclaimer for Employees Working on Network Rail Managed Infrastructure

If you are in any doubt as to the requirements of this memo please contact your Line Manager

Under normal conditions you will not be asked work in excess of the Network Rail Standard NR/L2/OHS/003. In exceptional circumstances situations may arise where you are required to work in exceedance of the Network Rail Standard. A risk assessment will be carried out to authorise any exceedance.

Under the Sentinel Scheme Rules any sub sponsor shall notify the Sentinel Coordinator of your hours worked, these hours will be considered before placing you to work for the company

Declaration

I agree to the working times set out in Network Rail Standard NR/L2/OHS/003 and agree to abide by its contents

I agree to notify the Office Manager of any other hours I work outside of the rail industry that may impact on my working hours with the company

Name:	
Date:	
Signature:	

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Contract of Sponsorship (MF015)

This document sets out the contractual arrangements for the primary sponsorship of an individual on Network Rail's Sentinel Systems for the management of people working on Network Rail managed Infrastructure.

Between;

And;

Name: _____

Sentinel No': _____

The Company will act as the named individual's primary sponsor for work carried out on Managed Infrastructure. The nature of this employment will be as set out in the Terms of Engagement for staff, agency workers and subcontractors. The company does/ does not * support any primary sponsored staff member to have a secondary (sub) sponsor.

*delete as applicable

The Company as your primary sponsor will commit to fulfilling the role of employer for the purposes of health and safety legislation only.

Responsibilities of the Individual

1. The individual shall carry out their smart Sentinel card at all times whilst working on Managed Infrastructure.
2. The individual will co-operate with their primary sponsor to ensure the personal information held in the Sentinel database remains accurate and up to date.
3. The individual shall follow the rules of personal accountability for working safely on Managed Infrastructure, including compliance with the Sentinel Scheme Rules and those of the Infrastructure Manager.
4. The individual has the responsibility to manage their sponsor relationships and at all times when working on MI they shall
 - a. Know the identity of their primary sponsor
 - b. Know which sub-sponsors they are working for, if not working for their Primary Sponsor
 - c. Provide the correct name of the sponsor they are working for when booking on at site.
5. Individuals are required to notify the primary sponsor if they no longer wish to be sponsored by them, so they can be de-sponsored. The change of sponsorship must be requested online through My Sentinel

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As Primary Sponsor, the Company will ensure:

1. Individuals receive a valid Sentinel Smart Card (Note: the first card is issued free of charge, replacements due to loss or theft will be chargeable)
2. Individuals receive an induction briefing which will include as a minimum the rules and responsibilities of the new Sentinel Scheme.
3. Suitable PPE is provided to the individual when they are required to go onto MI. PPE will carry the Company Logo and must only be worn when working for the company
4. Individuals receive regular briefings, updates of information pertaining to their duties
5. Training and Assessment expiry notifications will be sent maintain competency of operatives duties being performed. (all courses will be self funded by operative)
6. Personal issue information – handbooks, key point cards etc. are made available
7. Individuals are provided with advice, guidance and /or instructions on any restrictions based on medication or other medical fitness issues.
8. Individuals are provided with mentoring and support to develop the competence of the individual
9. Conduct an annual review of the individuals continued suitability to work on the infrastructure taking into account behaviors and performance of safety critical duties and identify development requirements
10. Individuals are provided with Safety Critical Equipment which is calibrated (where required) and fit for purpose for the individual to carry out their duties.
11. Explain how the Sponsor will provide advice, guidance or instruction on any restrictions based on medication and other medical fitness issues
12. Require the Individual to notify the Primary Sponsor of any changes in circumstance including health or personal issues that may need the Primary Sponsor to take action to ensure the Individual's continued fitness for work trackside
13. Individuals are given access to sources of information required for them to undertake planning duties.
14. Make the Individual aware of ability to check their own competences by methods currently available

By signing this Contract of Sponsorship you agree to the Sentinel Scheme Rules attached and the responsibilities of the Sentinel Scheme as outlined above and for the Company to act as your Primary Sponsor

Signed(the individual)		Date:	
Signed(the company)		Date:	

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Occupational Health Questionnaire

This questionnaire is designed to help the Company meet its legal Health and Safety duties, assess whether there are any existing health issues likely to affect your employment and to find out if any changes need to be made to the workplace under the Equality Act 2010. Information given by you will also help us to work out if you need any vaccinations or any health checks as part of your job.

The information supplied will remain strictly confidential and can be accessed only by authorised personnel.

No information will be given outside of the company. A copy will be available when leaving the company's employment

NAME	
DATE	

Please tick Yes or No to each question. Please answer truthfully.

Illnesses that can affect your safety at work

Have you suffered with any health problems that have caused you to have time off work?

Please tick below

	Y	N		Y	N		Y	N
Stomach/bowel			Back/neck			Mental illness		
Bladder			Ears			Claustrophobia		
Kidney			Eyes			Vertigo		
Hernia			Nose or throat			Anxiety/stress		
Heart			Lungs			Nervous disorder		
Blood pressure			Sinusitis			Skin disease		
Blood disorder			Tuberculosis			Allergies		
Jaundice			Fainting/dizzy spells			Drug dependency		
Rheumatism/arthritis			Headaches/migraines			Alcohol dependency		
Tendons/ligaments/joints								

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If any of the above answers is 'Yes', please give details on a separate piece of paper and return it with this questionnaire, to your supervisor.

Work activities that can affect your health

In previous jobs, have you had any significant exposure to:

	Y	N		Y	N		Y	N
Vibration			Cancer causing agents			Lead		
Dust			Radiation			Asbestos		
Noise			Hazardous chemicals			Mineral oil		
Manual handling			Skin irritants			Tar		

If 'Yes', please describe the tools/products you have used:

Please continue on a separate piece of paper if you run out of space and return it with this questionnaire, to your supervisor.

Other information that the employer needs to know for health and safety requirements

Do you suffer from:	Y	N	Are you:	Y	N
Aches?			Suffering any health problems?		
Pains?			A smoker?		
Tingling?			Asthmatic?		
Numbness/loss of feeling?			Epileptic?		
Skin allergies, eczema or dermatitis?			Diabetic?		
Other allergies of which we should be aware?			Colour blind?		
Any blood borne disease, e.g. hepatitis, HIV?			Dyslexic?		

Any phobias i.e. heights, water, insects, reptiles etc. (please list below if yes)

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QUESTION	YES	NO
Do you have any physical disability which could affect your work?*		
Do you have difficulty hearing (with a hearing aid if needed) for all normal work purposes?*		
Do you have difficulty seeing (with glasses or contact lenses if needed) for all normal work purposes?*		
Do you currently take any prescribed medicines that make you dizzy or drowsy?*		
Have you ever been told that you suffer from a work related health problem?*		
Do you suffer from a frequent health problem that causes you to be off work more than 2-3 times a year?*		
Have you ever had an illness or injury that has kept you off work for more than 3 months?*		
Have you ever had to give up any previous job for medical reasons?*		
Have you ever received compensation for industrial injury or illness?*		

GP Registration:

You should be registered with a doctor local to where you are currently living.

Please provide contact details of your GP so that the Company can inform your doctor of any details of the type of health problems you may be exposed to as a construction worker.

GP Details	
Surname	Initials
Address	
Post Code	
Tel No'	

Note

As it may be necessary for the Company's Medical Advisor to communicate with your doctor if you experience a health problem in the future you may be asked to provide authorisation for your doctor to reply to any query concerning your health or medical history. Information in the report relating to your employment may be passed on to the Company. You have the right to see any medical report prepared by your doctor before it is sent to the Company Medical Advisor who will treat the information in the strictest confidence. It is within your rights to decline to give authorisation for information to be passed to the Company.

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Please check over this form to make sure you have answered all the questions. Please complete ALL the questions and return the form (with any additional information) to your supervisor by the end of your first week of employment.

Declaration: I declare that the answers contained in this questionnaire are, to the best of my knowledge, true. I understand that should I withhold information, or lie about any details, my employment may be terminated.

Employee's signature: Date:

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Working Time Regulations 1998 Health Assessment Questionnaire – Night Workers

A night worker is an employee who is scheduled to work at least three hours of his/her daily working time during night time on the majority of days on which he/she is scheduled to work. Night time is defined as the period between 11 pm and 6 am.

Night workers are entitled to a voluntary health assessment to check whether they are fit for the work required. Very few health problems will prevent people being able to work at night, and where there is a medical problem that could be relevant, it will almost always be possible for the person to be able to work during night hours with suitable modifications to their treatment programme.

The purpose of the questionnaire is to ask whether you have any health problem that could be affected by night work, so that where necessary an appropriate medical review can be arranged. The questionnaire will be confidential to the Company's Occupational Health Adviser (It is advisable to identify a local Occupational Health Adviser – or to use the area NHS Occupational Health Service) but a report on your fitness will be provided to your manager who is responsible for work assignments and for the arrangements for health and safety at work.

Please complete the form and tick the appropriate box for the questions listed; if you have any other condition that you believe should be considered, please write brief details at the bottom of the page or continue on a separate sheet of paper.

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Working Time Regulations 1998 Health Assessment Questionnaire – Night Workers

Question	Yes	No
Have you had any medical problem in the past that has prevented you from working at night?		
Are you diabetic?		
Are you subject to angina, or other heart problems that may affect your fitness?		
Have you had duodenal or stomach ulcers in the past, or are you under treatment for those at present?		
Have you had any continuing bowel problem, for instance following major surgery?		
Do you have any chronic chest problem such as asthma, emphysema or bronchiectasis?		
Do you have any disability affecting mobility that will cause difficulties in arranging night work?		
Do you have any recurrent or continuing sleep disturbance requiring medical advice?		
Are you having specialist care requiring your attendance at hospital clinics for treatment?		
Are you taking any medication to a strict timetable?		
Do you have any other health problem that affects your fitness for night work?		
Please give the names of any prescribed medications that you take regularly:		
Please give any further details that you would like to bring to our attention.		

Employee Signature		Date	
Employer Signature		Date	

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