



OPTIMA SITE SOLUTIONS APPLICATION PACK

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Watford
Hertfordshire
WD17 1DU

Kingsway Business Park, Unit 5
Oldfield Road
Hampton
Middlesex
TW12 2HD

PERSONAL DETAILS

| | | | |
|-----------|--|----------|--|
| SURNAME | | FORENAME | |
| HOME TEL | | MOBILE | |
| NI NUMBER | | DOB | |
| EMAIL | | | |
| ADDRESS | | | |

NEXT OF KIN

| | | | |
|----------|--|--------------|--|
| NAME | | RELATIONSHIP | |
| HOME TEL | | MOBILE | |
| ADDRESS | | | |

ELIGIBILITY TO WORK IN UK

| | |
|--|--|
| What is your nationality? (as indicted on your passport) | |
| Do you have immigration permission to work in the UK? | |
| <p>In line with Home Office guidance on the prevention of illegal working, Optima Site Solutions will need to verify and take a copy of your original identification documentation as evidence of your right to work in the UK.</p> | |

For office use only

| | | | |
|------------|--|----------|--|
| Start Date | | Pay Rate | |
| Job Title | | Date | |

REFERENCES

Personal and employment references will be checked in relation to your employment, history, character and general reputation.

| PERSONAL REFERENCE | | | |
|--------------------|--|--------------|--|
| Name | | Relationship | |
| Home Tel | | Mobile | |
| Address | | | |
| | | | |

| EMPLOYMENT REFERENCE | | | |
|----------------------|--|---------------|--|
| Company Name | | Position Held | |
| Contact Name | | Email Address | |
| Tel Number | | Mobile | |
| Address | | | |
| | | | |

| EMPLOYMENT REFERENCE | | | |
|----------------------|--|---------------|--|
| Company Name | | Position Held | |
| Contact Name | | Email Address | |
| Tel Number | | Mobile | |
| Address | | | |
| | | | |

BANK DETAILS

| | | | | | | | | |
|----------------------------|--|--|---------------------|--|--|--|--|--|
| Bank/Building Society Name | | | Account Holder Name | | | | | |
| Sort Code | | | | | | | | |
| Account Number | | | | | | | | |

PPE & EQUIPMENT STATUS

Please tick the relevant boxes to indicate which PPE you currently have, its conformity to the standards in the induction pack and whether it is in suitable condition. Any equipment found unsuitable must be replaced prior to undertaking and relevant duties. Where required Optima Site Solution's PPE will be provided when requested by the client.

| | | | | | | | |
|--------------------|--|----------|--|--------------|--|----------------------------|--|
| Hi Visibility Vest | | Hard Hat | | Safety Boots | | Hi Vis Waterproof Trousers | |
|--------------------|--|----------|--|--------------|--|----------------------------|--|

NUMERACY & LITERACY TEST

Please circle the correct spelling:

Their / There are leaves on the track
 There are **too / two** lines in the siding
 The train passed **through / threw** the tunnel

Please state the correct spelling:

Tyme:

Telephone:

Please spell **SIGNAL** using the phonetic alphabet: Example Tango

QUALIFICATIONS

| Qualifications / Competency | Date Attained | Expiry Date |
|-----------------------------|---------------|-------------|
| | | |

CAREER / WORK EXPERIENCE

If applicable attach CV

| From | To | Employer | Job Title | Reason for Leaving |
|--------|----|----------|-----------|--------------------|
| | | | | |
| Duties | | | | |

| From | To | Employer | Job Title | Reason for Leaving |
|--------|----|----------|-----------|--------------------|
| | | | | |
| Duties | | | | |

| DECLARATION | | YES | NO |
|---|--|-----|----|
| Have you ever been convicted of a criminal offence (other than motoring offences) which is not regarded as a spent conviction under the Rehabilitation Act 1974? The information given will be treated in the strictest confidence and only taken into account where the offence is relevant to the post to which you are applying for. <i>If yes please detail below</i> | | | |
| Have you ever been dismissed for railway or any other transgression in the past three years? If yes please state details below | | | |
| Have you ever been dismissed from an employer for being under the influence of alcohol/or drugs? <i>If yes please detail below</i> | | | |
| Have you ever been employed by or ever entered into an arrangement with any organisation, individual, journalist or any media organisation to provide any information to them? <i>If yes please detail below</i> | | | |
| Details | | | |

1. I authorise Optima Site Solutions to seek work for me and pass my details onto potential employers
2. I authorise Optima Site Solutions to seek a reference on me and pass these onto potential employers
3. I authorise Optima Site Solutions to collect and retain personal information about me in line with the Data Protection Act 1998.
4. I authorise Optima Site Solutions to verify my qualifications and awarding bodies.
5. I give consent for Optima Site Solutions to disclose my personal records for review by third parties (e.g. Audits)
6. I declare that there are no legal restrictions on my eligibility to work in the UK.
7. I declare that all information provided in the medical self declaration is correct. Should my circumstances change or if I am taking any medication whether prescribed or over the counter that could affect my ability to undertake my tasks I will inform Optima Site Solutions immediately.
8. I will comply with the Optima Site Solutions drugs and alcohol policy at all times and I am willing to undertake a drugs/alcohol test at any time if requested by Optima Site Solutions or the client.
9. I agree to work in excess of 48 hours each week. I also understand that I may withdraw my consent by giving 12 week's notice in writing to Optima Site Solutions in accordance with the Working Time Regulations.
10. I will comply with the Optima Site Solutions confidentiality and commercial security requirements.
11. I authorise the deduction of equipment, services or training costs from my wages.
12. If I have declared that I wear glasses or contact lenses I will carry a spare set with me at all times when at work.

I the undersigned confirm that I have received and understand the induction brief carried out by Optima Site Solutions and will comply with the requirements contained within.

| | | | | | |
|-----------------------------|--|----------------|--|---------------|--|
| Civil Engineering Induction | | Rail Induction | | LUL Induction | |
|-----------------------------|--|----------------|--|---------------|--|

| | | | | | |
|------|--|-----------|--|------|--|
| Name | | Signature | | Date | |
|------|--|-----------|--|------|--|

INTERVIEW NOTES *For completion by office*

Skills, Competence and Qualifications

Experience

Overall Assessment

I declare that I have carried out the induction brief with the application.

I declare that I have checked the applicants PPE and it conforms with the requirements in the current Optima Site Solutions Induction Pack. Where PPE is required I have issued it in accordance with the Optima Site Solutions Procedures

I declare that I have checked the applicant's proof of right to work in the UK.

| | | | | | |
|------|--|-----------|--|------|--|
| Name | | Signature | | Date | |
|------|--|-----------|--|------|--|

You are required to complete this Form as fully and accurately as possible. The completed forms are for the use of **Optima** and will not be passed to a second party (with the exception of Network Rail and/or its auditing body). You are conditionally obligated at all times to inform the organisation of any changes to health, where a condition or ailment may cause impairment or restriction physically and/or mentally. You must also inform the Rail Supervisor and the client supervisor if you are then required to take medication. This must be done by resubmitting **this Form**, which should be sent back to your Supervisor. You have the right to withhold medical details if you do not wish to impart them to the organisation. However, as outlined above, to withhold information generally will result in complete liability of the signatory for any incident caused as a consequence of the impairment suffered. In the event that you suffer from learning difficulties please advise your supervisor who will assist your understanding of the form. **Tick the boxes where requested (Yes) (No).** The signatory and the person completing the form must be the same (no second party is permitted to complete the form on your behalf).

| | | |
|--|---|--|
| Name (Print Clearly, including middle names) | | |
| Address | | |
| | Yes <input checked="" type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 1. Do you wear contact lenses? | | |
| 2. Do you wear spectacles? | | |
| 3. Do you suffer blurred vision? Do you have any difficulty with your eyesight not including the use of glasses | | |
| 4. Do you have difficulty hearing normal conversation? | | |
| 5. Have you ever had blackouts, recurrent dizziness or any condition which may cause sudden collapse or incapacity? (If yes give details in comments) | | |
| 6. Do you suffer headaches? | | |
| 7. Do you suffer migraines? | | |
| 8. Can you turn your head left and right without difficulty? | | |
| 9. Have you encountered or do you encounter pains in your chest? | | |
| 10. Do you suffer palpitations? | | |
| 11. Do you have difficulty in moving over short distances including slopes, steps or rough ground? | | |
| 12. Can you walk up stairs and inclines without difficulty or laboured breathing? | | |
| 13. Do you have any phobias? E.g. darkness, heights. (If yes give details in comments) | | |
| 14. Can you lift properly without pain or restriction? | | |
| 15. Have you ever suffered a back injury? (If yes give details in comments) | | |
| 16. Are you aware of Hand Arm Vibration Regulations? | | |

| | | |
|---|--|------|
| 17. Have you ever used air powered tools? (indicate in comments the type of tool) | | |
| 18. Have you ever experienced during or after using those tools, numbness and/or tingling in your fingers? | | |
| 19. Have you ever been exposed to high dust environments for any length of time? | | |
| 20. Have you ever failed a medical or been refused any clearance on account of a medical screen? | | |
| 21. Are you taking any prescribed medications? (give details in comments) | | |
| 22. Do you have diabetes requiring insulin injections? | | |
| 23. Do you suffer from epilepsy or fits? | | |
| 24. Do you get discomfort or pain in the chest or shortness of breath on exercise such as climbing a flight of stairs? | | |
| 25. Are you taking any medication that is causing drowsiness or dizziness? | | |
| 26. Have you ever used drugs of abuse in the last 12 months? | | |
| 27. Have you had any alcohol related illness in the last 12 months? | | |
| 28. Have you had any stress related illness in the last 12 months? | | |
| <p>Comments: You must include any details that may not have been specifically asked above, even if they may seem insignificant (Use additional sheet if required).</p> | | |
| Signed | | Date |
| Reviewed | | |
| Signed | | Date |



Rail Operating Forms

Prescribed Medication

Prescribed and over the Counter Medication Form

Employees Name

Date

Job Title

Manager notified

| | | | | | |
|----------------------|-----|--|----|--|--|
| Safety Critical Post | Yes | | No | | |
|----------------------|-----|--|----|--|--|

| | | | |
|------------|--|------------------|--|
| Prescribed | | Over the Counter | |
|------------|--|------------------|--|

| | | | |
|----------------------|--|------------|--|
| Medical Practitioner | | Pharmacist | |
|----------------------|--|------------|--|

| | |
|---------------------------|--|
| Date commenced medication | |
|---------------------------|--|

| Details of Medication Taken: | Dosage | Frequency | Period of Use |
|------------------------------|--------|-----------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Detail any known side effects:

Action taken:

| | |
|--|--|
| Can work as normal | |
| Can work, but must be accompanied | |
| Remove from duties (see prescribing GP for review of medication if possible) | |
| Remove from duties | |

Completed form should be returned to the Rail Co-ordinator