

Subcontractor Application Pack

Candidate Name	
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Application Details			
New Starter to the Rail Industry?		Yes / No	
Date Pack Completed			
Sentinel Sponsorship Requesting (Applicant to circle)			
Primary	Secondary	Neither for Now	

REMINDER: If you do not complete this application pack AND send in the required supporting evidence (we will check the pack and chase you for any outstanding evidence), then we reserve the right to NOT pay you for any shifts you may subsequently undertake for SigTech Rail Consultancy Ltd.

For Office Use Only

Induction Pack Checked for Completion and Accuracy		
Name:	Signed:	Date:

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Introduction

REMINDER: If you do not complete this application pack AND send in the required supporting evidence (we will check the pack and chase you for any outstanding evidence), then we reserve the right to NOT pay you for any shifts you may subsequently undertake for SigTech Rail Consultancy Ltd.

Please complete this induction pack & either **CLEARLY** scan then email back to admin@SigTechRail.co.uk or post via snail mail to our office. Any supporting information such as certificates or passports etc, will be returned to you via post:

SigTech Rail
 Dane Rise, Dog Kennel Lane, Lyminge, Kent. CT18 8ER

Completed Documents Checklist (Candidate & Admin to complete)

Items Received From Candidate	Supporting Evidence Required	Candidate to Complete			SigTech Admin to Complete		
		YES	NO	N/A	YES	NO	N/A
Candidate Details							
Next of Kin							
Copy of Driving Licence							
Bank Details							
Copy Of Most Recent Bank Statement (Blank out the transactions)	Yes						
Insurance Details & Copy of Policy	Yes						
Company Cert of Incorporation	Yes						
Company VAT Certificate	Yes						
Right To Work In The UK							
Types of ID Sent / Received In	Yes						
The Regulations Opt Out							
Working Time Directive & Opt-Out							
Working Hours Disclaimer for Employees Working on Network Rail Infrastructure							
Contract of Sponsorship - Sentinel							
Staff Safety Responsibility Statement							
Medical Self Certification							
Occupational Health Questionnaire (MF007a)							
Working Time Regs 1998 Health Assessment Questionnaire – Night Workers							
Personal CV	Yes						
Copy of Sentinel Card (Front & Back)	Yes						
Training Certificates	Yes						
Tooling Calibration Certificates	Yes						

Personal Details

Candidate Details

Candidate Name	
DOB	
National Insurance	
Candidate Address	
Telephone Number(s)	
Sentinel Number	
Email Address	

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	
Landline Phone (Next of Kin)	
Mobile Phone (Next of Kin)	
Email for next of kin	

Driving Licence

Do You Have a Current Driving Licence?	
Include Copy (Front & Rear)	
To allow us to see your real time driving licence, please visit the Gov website and enter the Check Code here:	https://www.gov.uk/view-driving-licence

Payment Details

CIS	PAYE
Yes / No	Yes / No

Ltd Company	
Company Name:	
Company No': (Provide Incorporation Cert if Applicable)	
VAT Registration Number (Provide VAT Registration Cert if Applicable)	
Company UTR Number:	
Umbrella Company – state which one	

Bank Details

Name on Account / Ltd Company Name	
Bank Name	
Bank Address	
Account Number	
Sort Code	

Insurance

Please provide the policy numbers of your company insurances and return copies of the certificates.

Employers Liability	
Professional Indemnity	
Public Liability	
Product and Goods Liability	
Vehicle Business Use	

Self-Billing Agreement

This is an agreement to a self-billing procedure between:

The Customer – SigTech Rail Consultancy Ltd Company VAT number: 250 6571 15

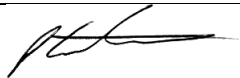
The Supplier – _____ Company VAT number: _____

The self-biller (the customer) agrees:

1. To issue self-billed invoices for all supplies made to them by the self-billee (the supplier) until instructed in writing by either party to cease.
2. To complete self-billed invoices showing the supplier's name, address and VAT registration number, together with all the other details which constitute a full VAT invoice.
3. To make a new self-billing agreement if their VAT registration number changes.
4. To inform the supplier if the issue of self-billed invoices will be outsourced to a third party.

The self-billee (the supplier) agrees:

1. To accept invoices raised by the self-biller on their behalf until instructed in writing by either party to cease.
2. Not to raise sales invoices for the transactions covered by this agreement.
3. To notify the customer immediately if they
 - a. change their VAT registration number;
 - b. cease to be VAT registered; or
 - c. sell their business, or part of their business.

Customer – (Self-Biller)	
Name:	Pete Lindley
On Behalf Of:	SigTech Rail Consultancy Ltd
Date:	27/11/2019
Signature:	

Supplier – (Self-Billee)	
Name:	
On Behalf Of:	
Date:	
Signature:	

Please sign the above if you are opting into self-billing and not invoicing SigTech Rail Consultancy Ltd

Railway & Signalling Specific Details

How Many Years Railway?		How Many Years Signalling?	
Please detail your railway career experience. <i>(Use a separate sheet if required)</i>			

IRSE

IRSE Number <i>(if you have one)</i>	
IRSE Categories Held, including Expiry Dates	
Any categories you are working towards?	
Please provide a copy of your current IRSE Card if you have an IRSE Licence.	

Railway Courses

Please list all railway courses (General and Signalling), date of course and expiry dates (if applicable).

Course Date	Course Title	Training Company	Expiry Date

References

Please detail any references that you are happy for us to contact.

Name	
Job Title	
Company	
Company Address	
Email	
Phone Number(s)	

Name	
Job Title	
Company	
Company Address	
Email	
Phone Number(s)	

General Employment Legislation

Right to Work in the UK

Candidates Name:	
Document Checks must be carried out before commencement of work. Original Documents must be seen and copies taken with the applicants consent.	
Please SUPPLY ONE ORIGINAL documents from either List A or List B below	
List A	
Acceptable documents to establish a continuous statutory excuse	
1.	A passport showing the holder, or a person named in the passport as the child of the holder, is a British citizen or a citizen of the UK and Colonies having the right of abode in the UK.
2.	A passport or national identity card showing the holder, or a person named in the passport as the child of the holder, is a national of a European Economic Area country or Switzerland.
3.	A Registration Certificate or Document Certifying Permanent Residence issued by the Home Office to a national of a European Economic Area country or Switzerland.
4.	A Permanent Residence Card issued by the Home Office to the family member of a national of a European Economic Area country or Switzerland.
5.	A current Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder indicating that the person named is allowed to stay indefinitely in the UK, or has no time limit on their stay in the UK.
6.	A current passport endorsed to show that the holder is exempt from immigration control, is allowed to stay indefinitely in the UK, has the right of abode in the UK, or has no time limit on their stay in the UK.
7.	A current Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the named person is allowed to stay indefinitely in the UK or has no time limit on their stay in the UK, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
8.	A birth or adoption certificate issued in the UK, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
9.	A birth (short or long) or adoption certificate issued in the Channel Islands, the Isle of Man or Ireland, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
10.	A certificate of registration or naturalisation as a British citizen, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
List B	
Group 1 – Documents where a time-limited statutory excuse lasts until the expiry date of leave	
1.	A current passport endorsed to show that the holder is allowed to stay in the UK and is currently allowed to do the type of work in question.
2.	A current Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder which indicates that the named person can currently stay in the UK and is allowed to do the work in question.
3.	A current Residence Card (including an Accession Residence Card or a Derivative Residence Card) issued by the Home Office to a non-European Economic Area national who is a family member of a national of a European Economic Area country or Switzerland or who has a derivative right of residence.
4.	A current Immigration Status Document containing a photograph issued by the Home Office to the holder with a valid endorsement indicating that the named person may stay in the UK, and is allowed to do the type of work in question, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
Group 2 – Documents where a time-limited statutory excuse lasts for 6 months	
1.	A Certificate of Application issued by the Home Office under regulation 18(3) or 20(2) of the Immigration (European Economic Area) Regulations 2006, to a family member of a national of a European Economic Area country or Switzerland stating that the holder is permitted to take employment which is less than 6 months old together with a Positive Verification Notice from the Home Office Employer Checking Service.
2.	An Application Registration Card issued by the Home Office stating that the holder is permitted to take the employment in question, together with a Positive Verification Notice from the Home Office Employer Checking Service.
3.	A Positive Verification Notice issued by the Home Office Employer Checking Service to the employer or prospective employer, which indicates that the named person may stay in the UK and is permitted to do the work in question.

“The Regulations” 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 SigTech Rail’s terms and conditions	
The contractor hereby notifies SigTech Rail 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 SigTech Rail throughout the duration of their agreement.	
<ul style="list-style-type: none"> (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:	
Date:	
Signature:	

Working Time Directive and 48 Hour Opt-Out

Under the Working Time Directive, you are able to opt out, which means by opting out you will be able to work more than 48 hours over an average of 17 weeks. If you do not wish opt out, your hours will be checked to ensure you do not work more than 48 hours over an average of 17 weeks.

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 SigTech Rail that you undertake regardless of whether or not you decide to opt out of the regulations

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:	

Form Title: Subcontractor Application Pack
Form Ref: FM007
Author: P. Lindley
Date: November 2019
Version: v2.0



Working Hours Disclaimer for Employees Working on Network Rail Managed Infrastructure

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 SigTech Rail.

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 SigTech Rail.

Name:	
Date:	
Signature:	

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Contract of Sentinel 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 Managed Infrastructure (MI).

Between: SigTech Rail Consultancy Ltd

And

Name: _____ (Person to be sponsored)

Sentinel No.: _____

SigTech Rail 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. SigTech Rail does support any primary sponsored staff member to have a secondary (sub) sponsor.

SigTech Rail 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. <https://www.mysentinel.me>

Continued...

As Primary Sponsor, SigTech Rail 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 SigTech Rail 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 at required intervals to maintain competency of duties being performed.
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 behaviours 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 SigTech Rail to act as your Primary Sponsor

The Company (SigTech Rail)	
Name:	Pete Lindley
On Behalf Of:	SigTech Rail Consultancy Ltd
Date:	16/12/2020
Signature:	

The Contractor (The Individual)	
Name:	
On Behalf Of:	
Date:	
Signature:	

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:	
Date:	
Signature:	

Medical Details

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 SigTech Rail of any change to my health which may affect my ability to perform my duties:					
SIGNED:		NAME (Print):		DATE:	
Action taken by: (SigTech Rail Rep)					
SIGNED:		NAME (Print):		DATE:	
Accepted by: (SigTech Rail Rep)					
SIGNED:		NAME (Print):		DATE:	

Occupational Health Questionnaire (MF007a)

This questionnaire is designed to help SigTech Rail 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

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								

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.

Other Health Information

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)					
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?***					

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 Questionnaire below 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.

	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?		
Do you have any other health problem that affects your fitness for night work?		
Are you taking any medication to a strict timetable?		
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.		

Name:	
Date:	
Signature:	

Confirmations

I _____ (Candidate), confirm and agree the following:

- SigTech Rail will securely store information relating to its employees both in hard copy and electronically in accordance with GDPR Laws. I give my permission for SigTech Rail to share the information they have on me with other appropriate interested parties (Clients / Network Rail / Enforcement Agencies etc.);
- SigTech Rail can use my email and phone numbers and place on a mailing list to keep me up to date with regards industry information, briefings, company news and recruiting requests for available shifts.
- I apply for employment with SigTech Rail 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;
- SigTech Rail reserve the right to conduct a DBS Check on me at no cost to me, if they feel it justified and applicable to my duties whilst working for SigTech Rail;
- I have read and understood and agree to abide by the policies listed below, also available on the company website and or company client portal;

SigTech Rail Policies	Weblink:
PL001 – Quality Policy v1.4	https://goo.gl/a3pmxc
PL002 – Health & Safety Policy v2.1	
PL003 – Working Hours Policy v2.1	
PL004 – Driving Policy v2.1	
PL005 – Worksafe Policy v1.2	
PL006 – Drugs & Alcohol Policy v3.0	
PL007 – Environmental Policy v2.1	
PL008 – Data Protection & Security Policy v2.1	
PL009 – Privacy Policy v2.1	
PL010 – Anti-Bribery Policy v1.0	

Signature		Date	
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