

# SUB-CONTRACTOR REGISTRATION PACK



**Ballycommon**

Localised labour resources, Nationwide

77A Boston Manor Road, Brentford, Middlesex TW8 9JQ  
020 8568 7706 . 020 8568 1774 . mail@ballycommon.co.uk

PERSONAL DETAILS		Y/N - Please circle as appropriate
Surname:	Forename/s:	
Address:		
Town:	County:	Postcode:
Trade:	Mobile No:	
Email Address:		
N.I. Number:	Date of Birth:	
Nationality:	Place of Birth:	Transport: Y / N
Verification of Identity: Passport + Utility Bill / Bank Statement / Council Tax		
Have you proof of right to work in the UK? Y / N (Copy of document to be attached)		
Do you have a criminal record?	Y / N	Details:
Have you ever been dismissed for being under the influence of alcohol and/or drugs. Y / N		
Have you been dismissed for any other reason in the past three years?		

QUALIFICATIONS & TRAINING		Y/N - Please circle as appropriate	
1. Do you possess CPCS qualification e.g. Plant Operator, Banksman, etc? <b>Provide Copy of Card</b>	Y / N		
2. Are you CSCS qualified? <b>Provide Copy of Card</b>	Y / N		
3. Do you possess any rail qualification e.g. PTS, ST1, Lookout, COSS, Eng. Supervisor, etc? <b>Provide Copy of Card</b>	Y / N		
4. Have you served any apprenticeships e.g. City & Guilds, NVQ? <b>Provide Copy of Card</b>	Y / N		
Have you undertaken First Aid Training?	Y / N	Cert. No:	Expiry Date: / /
Do you have a current driving licence?	Y / N	Attach copy	Expiry Date: / /

NEXT of KIN		Relationship:
Surname:	Forename/s:	
Address:		
		Postcode:
Tel No. (Work)	Tel No. (Mobile)	

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## MEDICAL SELF DECLARATION

1. Do you wear any spectacles or contact lenses? (If yes for what reason - e.g. short sight, reading etc )	Yes	No
2. Are you currently taking any medication ( Prescribed or over the counter )? Please provide details.	Yes	No
3. Are you register disabled?	Yes	No
4. Do you have any illness that may affect your ability to work in or around a construction site or the railway.	Yes	No
5. You may be subject to the screening for presence of alcohol and / or drugs either for pre-employment or on a random basis. Do you object to this?	Yes	No
6. Name and Address of personal GP Doctor: _____ Address: _____ _____	Do you object to us approaching your GP in the event that we require additional information about you?	
	Yes	No
7. Are you currently under any medical surveillance? (i.e. lead, asbestos, back problems etc)	Yes	No
8. Do you, or have you ever suffered or attended a doctor / hospital from any of the followings?		

Symptom	Yes	No	Symptom	Yes	No
Asthma or shortness of breath			Hernia		
High/Low Blood Pressure			Stomach Disorder		
Fear of Confined Spaces (being in Tunnels)			Liver Disorders		
Diabetes (Insulin Dependant )			Amnesia		
Epilepsy or Blackouts			Phobia		
Heart Related Problems			Drug / Alcohol Addiction		
Nervous Disorders			Vibration White Finger		
Back or Disc Related problem			Mobility Problems		
Do you have any visual problem?			Allergies		
Tenisyndovitis (Joint Problems )			Kidney / Bladder Disorder		
Problems with hearing or your ears			Ringing in the ears or tinnitus		
Infections or discharge from your ears			Any operations on your ears		

## HAND ARM VIBRATION SYNDROME

	Yes	No
A. Did your previous jobs involve the use of vibrating equipment?		
B. Have you ever suffered from your fingers going white on exposure to cold?		
C. Have you ever had tingling or numbness in your fingers after using vibrating equipment?		
D. Are you experiencing any problems with muscles or joints in your hands or arms?		
E. Do you have difficulty picking up small objects such as screws or nails?		
F. Do any of your hobbies expose you to hand-arm vibration? If yes provide details.		

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## GENERAL HEARING HEALTH

		Yes	No
A.	Do you have trouble hearing & understanding men's, women's or children's voices?		
B.	Do you have trouble hearing birds or the wind in the trees?		
C.	Do voices sound blurry, like people mumbling?		
D.	Do you have trouble following conversation when 2 or more people are talking at the same time?		
E.	Do people complain that you have the TV or radio on too loud for them?		
F.	Do you need to turn towards those speaking or cup your ears to hear?		
G.	Do you frequently have to ask people to repeat themselves?		
H.	Do you sometimes miss sounds (heard by others)? i.e. Door Bell or Telephone		
I.	Do you have difficulty hearing over increased distances? i.e. Concerts		
J.	Does your hearing ever seem out of balance? i.e. Louder on one side than the other?		

If you have answered Yes to any of the questions, please provide full details below.

## ADDITIONAL INFORMATION

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## REFERENCES

**COMPANY NAME:**

Dates/Year Worked:

Occupation:

Contact Name:

Position:

Address:

Telephone Number:

Mobile Number:

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Dates/Year Worked:

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Address:

Telephone Number:

Mobile Number:

## DECLARATION. Read carefully and understand before signing

- a) I declare that the contents of this application form are true.
- b) I authorize Ballycommon to contact my past employers for references.
- c) I am fit, well and able to undertake manual work on building, M & E, civil & railway engineering contracts.
- d) I authorize the deduction of equipment, services or training costs from my payments.
- e) I am not suffering from any occupational illness that could affect my ability to perform my duties.
- f) I have never been dismissed from any company for being under the influence of drugs or alcohol.
- g) I am willing to undertake a drugs and/or alcohol test at any time if requested by Ballycommon or the client.
- h) I will inform Ballycommon if I am taking any medication that may affect my ability to undertake my duties.
- i) I will inform Ballycommon of any hours worked for other employers and will comply with the relevant industry standards relating to working hours.
- j) I will inform Ballycommon of any changes in my medical condition or my fitness for work.

**Date:**

**Signature:** .....

**Print:** .....

## OFFICIAL USE ONLY

Application Progressed

Yes No

Application Refused

Yes No

Referred

Yes No

**Manager signed:**

**Manager Name**

**Date:**     /     /

## HOURS OF WORK

Ballycommon Services Limited will take all measures as far as is reasonably practicable to ensure that all employees and sub-contractors are aware of and adhere to the guidelines for hours of work.

Ballycommon Services Limited requires that all employees or sub-contractors shall not:

- Work in excess of 12 hours per turn of duty
- Work in excess of 72 hours per calendar week
- Work more than 13 turns of duty in any 14 day period
- Take less than 12 hour's rest between booking off and on concurrent turns of duty.  
With the exception of the following circumstances:

Deviation from the above limits will require a Risk Assessment and will affect the Client's Principal Contractor / Plant Operators License.

### Travelling Time

All Ballycommon Services Limited employees and contractors who hold a Sentinel card competency or are required to undertake Safety Critical Work on behalf of Ballycommon Services Limited will be required to adhere to the following requirement with regard to travelling to and from sites and lodging away:

- Travelling each way to and from site should ideally be included in the maximum 12 hours turn of duty.
- However where this is not possible, the travelling time must not lead an overall turn of duty time in excess of 14 hours.

All employees and Sub-contractors **Must** inform Ballycommon of any hours worked for other employers prior to working for Ballycommon and will ensure they comply with the Ballycommon policy relating to working hours.

Name:	
Signature:	
Date:	

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### E.C. Working Hours Directive

Each employee has the right to work 48 hours per week as a maximum.  
If you want to work in excess of 48 hours a week you can opt out of this agreement.

\* I wish to opt out of the E.C. maximum working hour's directive  
(I want to work more than 48 hours per week)

\* I do not wish to opt out of the E.C. maximum working hour's directive  
(I do not want to work more than 48 hours per week)

(\* Tick as appropriate)

Name:	
Signature:	
Date:	

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## Data Processing to Comply With GDPR

Ballycommon Services Ltd holds and processes personal data and information to comply with various regulatory authorities. The allocation of work and processing of payments uses the information provided. All information processes are undertaken in accordance with our data processing terms.

Ballycommon's data processing terms have been updated to comply with GDPR and the following data storage limitations rules will take effect from the 25 May 2018 onwards:

- a) If we have processed a placement or payment(s) for you, we will retain your personal data for the duration of your placement and for a period of seven years thereafter for business purpose. At the end of which period it will be deleted from our systems. We are required by regulatory legislation to retain your data for this period and it cannot be deleted.
- b) If we have not processed a placement or payment(s) for you, but you have provided us with your personal data and accepted our data processing terms, we will retain your personal data for a period of three years, at the end of which period it will be deleted from our systems, unless you refresh your agreement to our data processing terms. You can request deletion of your data at any time during this period.
- c) If we have not processed a placement or payment(s) for you, but you have provided us with personal data and not accepted our data processing terms, we will retain your personal data for a period of 12 months, at the end of which period it will be deleted from our systems, unless you indicate agreement to our data processing terms. You can request deletion of your data at any time during this period.

I have read and understand the information detailed above and acknowledged that Ballycommon will hold my data on their systems as indicated above. I understand I have the right at a later date to change my agreement to how my personnel data is stored and used, and I can request for my data to be removed in accordance with Ballycommon's data processing terms.

Name:	
Signature:	
Date:	

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