

# NEW START FORM



*This form is for all new starters with A&B Group Ltd and sets out requirements for working on our sites. It includes personal information and needs to be completed in English, in Block Capitals. If you have any problems completing the form, or have any questions, please speak to your Site Supervisor. All sections of the form need to be completed before you start on site, do not leave any section blank. The form must also be signed where required.*

## **Terms for working with A&B Group:**

- Please complete this form, as well as A&B's 'Health and Safety Handbook for Employees and Sub-Contractors. The last page of this Handbook must be completed and signed by the new starter and the Site Supervisor
- A&B will utilise a Biometric system to log all operatives on site. Every A&B operative must check in and out each time they attend site. Site working hours are 8am to 4.30pm. Operatives will only be paid for hours logged.
- Full payment will only be made on completed units (1 & 2 bedrooms). For any other unit/area, part payment/percentage will be made at Supervisor's discretion
- Payments are booked each Friday. Any Saturdays worked will be paid the following week
- Any unit left unfinished will not be paid for
- Retention money will be held at Supervisor's/Contract Manager's discretion
- All fittings and floors must be kept clean. Any cleaning required must be completed before unit is paid for
- A&B expect all operatives to wear clean white overalls and PPE to have A&B logo, if not, A&B will supply and you will be charged.
- All operatives must have a valid and current CSCS card before starting on any site. A copy of both the front and back of the card must be provided to A&B's Head Office before any site induction is carried out. A&B are required to upload details of all operatives on to the 'Safetybank' system, for use on various sites. Operatives will not be able to start work until this process has been completed. If any operative is awaiting a new CSCS card to be issued, a copy of their pass form must be provided.

*I have read and agree to the above terms:*

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**Print Name (CAPITALS)**

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**Signature**

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**Date**

# NEW START FORM



## PERSONAL INFORMATION, INCLUDING INFORMATION FOR PAYMENT PURPOSES

### TO ALL OPERATIVES

#### **All forms must be completed and signed before any payments can be made.**

In order that payments may be paid more efficiently, they will be paid by BACS payment method.

We require your bank details, which must be in your own name (or your spouse), on commencement of work.

If you are a Limited Company, we require your Company Registration Number and we need an Invoice from your company weekly, for any monies paid.

Payments will be paid directly into your account on the Friday of each week (unless a Bank Holiday occurs) Payments are booked through Site Supervisor or Contracts Manager.

Payment Form details must be booked in on Friday by 3pm.

There will be no exceptions and any payment forms booked after this time will be paid the following week.

#### *Personal Information:*

First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Over 18 Years Old: Yes/No      Date of Birth: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

#### *Payment Information:*

Name of Bank or Building Society: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Account No: \_\_\_\_\_

Account in Name of: \_\_\_\_\_

Unique Tax Reference No (UTR): \_\_\_\_\_

National Insurance No: \_\_\_\_\_

Signed: \_\_\_\_\_

*(nb If a Limited Company, please include these details above and add Company Registration No here)  
Trading Name of Company and registration number:*

Company Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

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## PERSONAL HEALTH & SAFETY

I have listed below any medical conditions I have felt any contractor may require knowledge of, to ensure safe working practices on site.

### **Medical Conditions:**

**Please state none or provide details**

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Emergency Contact Name and Number in case of any accident

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### **Details of Training:**

e.g Pasma, IPaf, SSSTS, SMSTS, First Aid, Trade NVQ, Asbestos awareness etc.

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**Print Name (CAPITALS)**

**Signature**

**Date**

*(This in no way will deter us from granting any painter permission to work on any site but, to ensure a safe site, we require knowledge of certain conditions – epilepsy, vertigo etc..)*



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## Confirmation of Site Induction / Health & Safety Training

Following our further safety training today, we enclose the following:

- Pocket Safety Guide Yes / No
- Hard Hat Yes / No
- Hi-Vis Vest Yes / No
- Gloves Yes / No
- Protective Eyewear Yes / No
- Mask Yes / No

The above must be with you at all times, on all sites.

Steel toe boots, not supplied, must also be worn, at all times, on all sites.

As discussed, we have issued these free of charge to you all. Replacement items of PPE will be issued by the site supervisor or visiting Contracts Manager, upon production of the previously issued item.

We will also insist that painters “whites”, in an acceptable condition, must also be worn.

It is absolutely essential that you are wearing the safety equipment that is required by the relevant site that you are working on. Please ensure you review and fully understand the Method Statement / Risk Assessment for the specific task which you are to undertake. In addition, please ensure you liaise with the site management to confirm what is required for their particular job.

### **Face Fit Masks:**

A&B will provide all PPE as stated, including respiratory protective equipment, only for clean shaven operatives. The masks provided are only suitable and adequate if you are clean shaven. If you are not clean shaven, you will be required to provide your own full hooded mask, which is appropriate for the task to be undertaken.

Please sign and date below to confirm receipt of the above.

### CONFIRMATION

- I have read and understood the above. Yes / No
- I have received the equipment denoted above. Yes / No
- I have steel toe work boots. Yes / No
- I have painter’s whites. Yes / No

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**Print Name (CAPITALS)**

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**Signature**

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**Date**

# NEW START FORM



## LABOUR ONLY EMPLOYMENT STATUS

<p style="text-align: center;"><b>Checklist – Self Employed Status</b></p>	<p style="text-align: center;"><b>Confirm acceptance by writing 'Yes' below or ticking box</b></p>
<p>Is this order based on agreed prices for each element of work e.g. decorations.?</p>	
<p>Does this order include for the subcontractor to provide all main items of equipment (excluding plant) necessary to carry out the work?</p>	
<p>Does the subcontractor have the ability to work regularly for a number of different organizations?</p>	
<p>Can the subcontractor provide alternative or supplementary labour to carry out the works at agreed rates included in this order, if required?</p>	
<p>Will the subcontractor correct unsatisfactory work at their own expense?</p>	
<p>The subcontractor will be responsible for all plant supplied by A&amp;B Decorators, any lost or damaged plant will be charged to yourselves.</p>	
<p>Does the subcontractor acknowledge that the rates and prices included, make provision for the subcontractors paid holidays?</p>	

**Note**

If all the above are answered in the affirmative, then you may proceed with this order. If any of the above have been answered in the negative, then you must NOT proceed with this order.

Signed on behalf of the Sub-Contractor: \_\_\_\_\_ Dated \_\_\_\_\_

Signed on behalf of A&B Group: \_\_\_\_\_ Dated \_\_\_\_\_