

**EMPLOYMENT RECORD / COMPETENCE ASSESSMENT & TRACKING FORM - OPF 13**

<b>EMPLOYEE DETAILS</b>			
<b>FULL NAME</b>		<b>D.O.B</b>	
IRATA Level		Trade	
Telephone home		Telephone mobile	
Email		Next of kin contact	
Full address (including postcode)			
NI Number		Passport number	
Nationality		Driving licence number	
Medical type		Medical expiry	
Blood type		Allergies	
UTR number		PAYE/Ltd Company	
Bank name and address			
Account number		Sort code	
<b>Section completed by:</b>		<b>Position</b>	
<b>Completion Date</b>		<b>Review date</b>	

<b>IRATA DETAILS</b>			
IRATA Level		Hours from logbook	
Date of last assessment		Grade at last assessment	
Date level originally attained		Expiry date	
Date eligible for upgrade		Worked within last six-months	
<b>Copies on File</b>			
Last assessment form (yellow copy)		IRATA certificate	
IRATA ID card		Logbook (front page & last page)	
<b>First Aid - Level 3 only</b>			
Certificate type		Course duration	
Expiry date			
<b>Equipment trained in – Level 1 in particular</b>			
Harness		Cow's tail set-up	
Descenders		Back-up devices	
Additional training required		Detail and date of additional training	
<b>Assessment of suitability for rope access tasks</b> (Provide brief summary of appropriate responsibility levels and trade specialities – <b>subject to regular review</b> ).			
<b>Section completed by:</b>		<b>Position</b>	
<b>Completion Date</b>		<b>Review date</b>	

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<b>TRADE CERTIFICATION DETAILS</b>			
Certificate type		Awarding body	
Level		Time at this level	
Date eligible for upgrade		Expiry date	
Certificate checked		Certificate copied	
Skills current?		Trade test required?	
Comment:			
Certificate type		Awarding body	
Level		Time at this level	
Date eligible for upgrade		Expiry date	
Certificate checked		Certificate copied	
Skills current?		Trade test required?	
Comment:			
Certificate type		Awarding body	
Level		Time at this level	
Date eligible for upgrade		Expiry date	
Certificate checked		Certificate copied	
Skills current?		Trade test required?	
Comment:			
<b>Section completed by:</b>		<b>Position</b>	
<b>Completion Date</b>		<b>Review date</b>	

<b>SAFETY / CLIENT CERTIFICATION DETAILS</b>			
Certificate type		Awarding body	
Certificate checked		Certificate copied	
Expiry date			
Comment:			
Certificate type		Awarding body	
Certificate checked		Certificate copied	
Expiry date			
Comment:			
Certificate type		Awarding body	
Certificate checked		Certificate copied	
Expiry date			
Comment:			
Certificate type		Awarding body	
Certificate checked		Certificate copied	
Expiry date			
Comment:			
<b>Section completed by:</b>		<b>Position</b>	
<b>Completion</b>		<b>Review date</b>	

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<b>Date</b>			
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<b>EMPLOYEE SIX-MONTHLY REVIEW</b>			
Name of employee		Department	
Last review date		File up-to-date?	
Certificates in date?		Expiries due within next six-months?	
Opportunities for upgrades			
Opportunities for further training			
Any employee issues / grievances			
Any company issues / grievances			
Summary:			
<b>Section completed by:</b>		<b>Position</b>	
<b>Review Date</b>		<b>Next review due by</b>	
<b>Signed by employee</b>		<b>Signed by reviewer</b>	