

# ESCALATOR MACHINE ROOM AWARENESS (EMRA)

## Joining Instructions

**Please ensure you have all of the course pre-requisites with you as you will be unable to start the course without them**

<b>Course Specific Pre-Requisite Checklist</b>
<b><u>NEW</u></b> recent Colour Passport Sized Photograph on <i>Photographic Paper</i> .
Current Legally Recognised Photo Identification - <b><i>Contractors only</i></b> (Passport, Photo Driving Licence, CIS Card, or PTS Sentinel Card). Note: Tube Lines Employees will need their staff pass, or other proof of identification
Proof of National Insurance Number (NI Card, P45, P60, P46, Payslip or CIS Card) or Evidence of Entitlement to Work in the UK e.g.: Original Visa, Work Permit or Letter from the Home Office. Note: Tube Lines Employees will need their employee number instead
Proof of Current Address – (Recent Utility Bill, etc) - <b><i>Contractors only</i></b>
Proof of Date of Birth – (Passport, Driving Licence, Birth Certificate, etc) - <b><i>Contractors only</i></b>
<b><u>COMPLETED</u></b> and Signed Original Contractor Declaration Form - <b><i>Contractors only</i></b>
Current Entry Permit – <b><i>Note: Must still be valid on the course date</i></b>
<b><i>PPE Requirements</i></b> – Safety Footwear - Mid Sole Protected (BS EN ISO 20345) Orange Hi-Viz Vest (BS EN 471) Safety Glasses (BS EN 166) and Hard Hat

***Failure to produce any of the above documents WILL result in delegate turn away***

***Note: You must not work in the 12 Hours Before, or After attending this course***

**Whilst this is a Tube Lines Course, it is undertaken at the City of Westminster College at Paddington Green, London – Room 227 (Lift and Escalator Training Room)**



## CONTRACTORS DECLARATION

The following information is to be completed by the **Employing Manager** prior to sending a delegate on a Tube Lines Safety Training Course.

An original completed declaration **must** be submitted by the delegate at Tube Lines Stratford Safety and Skills Training Centre at course registration, therefore please complete the following information.

Delegate Name: ..... Address: .....

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Date of Birth ..... .....

Telephone Number:..... National Insurance Number: .....

**Emergency Contact:**

Name: ..... Emergency Tel No:.....

This company on a Full Time basis employs the person named above. All legal checks have been made e.g. Asylum and immigration checks, drugs and alcohol tests (if applicable) and proof of identity. The person has no other employment. All the listed documentation contained within the Joining Instructions must be available at registration on the first day of the course.

Company Name:.....

Signed: ..... Name: ..... (Print)  
(Employing Manager)

Title : ..... Date: .....

Telephone Number : .....

Company Address: .....

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**Note: This declaration alone does not permit the delegate to attend a course.**