



EUROLINK SAFETY
CANDIDATE APPLICATION FORM for RIGGER / SIGNALMAN

APPLICATION NO:					
First Name					<i>Attach recent Passport Size photo not older than 6 months</i>
Last Name:					
DOB		Emirates ID			
Candidate No:		Passport No:			
Mailing Address					
Phone		Mobile		Email	
Employer Name & Address					
Employer Phone		Employer Fax		Employer Email	
Form Type	New Certification <input type="checkbox"/>		Re- Certification <input type="checkbox"/>		
Tick the Intended Exam					
Scheme	Model & Type	Capacity		Mode of exam	
Rigger <input type="checkbox"/>				Written <input type="checkbox"/>	<input type="checkbox"/>
				Oral <input type="checkbox"/>	<input type="checkbox"/>
				Practical <input type="checkbox"/>	<input type="checkbox"/>
Signal person <input type="checkbox"/>				Written <input type="checkbox"/>	<input type="checkbox"/>
				Oral <input type="checkbox"/>	<input type="checkbox"/>
				Practical <input type="checkbox"/>	<input type="checkbox"/>
Preferred Language	English <input type="checkbox"/>	Hindi/Urdu <input type="checkbox"/>	Malayalam <input type="checkbox"/>	Tamil <input type="checkbox"/>	
Date You Intend to Test					
CODE OF ETHICS FOR CERTIFIED LIFTING EQUIPMENT OPERATIONS, RIGGERS AND SIGNALMAN					
<p>Certified lifting equipment operators, riggers and signalman must comply with Code of Ethics during their certification, as set below:</p> <ol style="list-style-type: none"> Free of bias with regard to religion, ethnicity, gender, age, national origin, and disability. So as to place the safety and welfare of workers associated with the lifting operations above all other considerations. So as to protect nearby general public property and the environment. Make management aware if he has safety concerns relating to the lifting operations that he is performing. Not knowingly violate safety-related regulations, warnings, or instructions set forth by the authority, recognized safety standards, the lifting equipment manufacturer, or relevant department. Not misrepresent or knowingly deceive others concerning the experience or the capacities of himself or the crane he is operating. No mispresent or misuse his certification card, both of which are the property; and understand that he must return the card to the issuing authority immediately if required to do so. 					
SUBSTANCE ABUSE POLICY					
<p>It is the policy of the department that crane operators shall not use prescribed or over-the-counter substances that would impair their ability to operate crane safety. This includes illegal drugs, controlled substances (including trace amounts), look-alike drugs, or any other substance that may have an effect on the human body of being a narcotic, depressant, stimulant, or hallucinogen.</p> <p>An exception to this rule is that an operator may use such a substance or drug if it is prescribed by a licensed medical practitioner who is familiar with the operator's medical history and all assigned duties, and who has advised the operator the prescribed substance will not adversely affect the operator's ability to operate a crane safety.</p>					



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DISCIPLINARY POLICY

The relevant department is responsible for establishing and implementing standards and codes of conduct, such as ethical standards and policies and procedures for disciplinary action. Grounds for revocation (until the issue is resolved and written approval from PSS (Public Safety Section) & DAC is issued) of certification status shall include, but not be limited to, the following:

1. Period of certification exceeded without renewal.
2. Evidence of falsification of any information on any documents submitted to the department or its agents.
3. Evidence of non-compliance with Substance Abuse Policy
4. Evidence of culpability in an accident during certification period
5. Evidence of non-compliance with medical requirements required for the Occupational Health Card issuance.
6. Evidence of non-compliance with the code of Ethics

- *Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documentation are true.*
- *I understand and agree that my failure to provide accurate and complete information or abide by Eurolink Safety policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification.*
- *I understand that Eurolink Safety reserves the right to verify any information in this application or in connection with my certification. I consent to Eurolink Safety release of any information regarding this application and my examination administration and results to third parties.*
- *I have received a copy of the Eurolink Safety Candidate Handbook and have read it and agree to abide by the rules and policies stated on it.*
- *I understand and agree to be bound by all prevailing Eurolink Safety policies and procedures.*
- *I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with Eurolink Safety and the relevant Schemes substance abuse policy.*
- *I have passed a physical exam that complies with the Scheme requirement for my certification designation and I will continue to comply with those requirements.*
- *I hereby attest that in the event of suspension of my certification I will refrain from further promotion of the certification while it is suspended.*
- ***I agree to inform the certification body, without delay, of matters that can affect the capability of the certified person (me) to continue to fulfill the certification requirements.***
- *I hear by agree not to release confidential examination materials or participate in fraudulent test-taking practices*
- *I also attest that in the event of withdrawal of my certification, I will refrain from use of all references to a certified status.*
- *Generally, special examinations are offered where the candidate's circumstances have precluded them from sitting an examination at a regular time. When applying for a special examination, the applicant must support their request with a letter explaining the requirement written either by themselves or a relevant person*
- *Eurolink Safety shall require that a certified person signs an agreement for the following reasons:*
 - ❖ *To comply with the relevant provisions of the certification scheme;*
 - ❖ *To make claims regards certification only with respect to the scope of which certification has been granted.*
 - ❖ *Not to use the certification in such a manner as to bring to Eurolink Safety into disrepute and not to make any statement regarding the certification which the Eurolink Safety considers misleading or unauthorized;*
 - ❖ *To discontinue the use of all claims to certification that contain any reference to the Eurolink Safety or certification upon suspension or withdrawal of certification and to return any certificates issued by the Eurolink Safety*
 - ❖ *Not to use the certificate in a misleading manner*

CANDIDATE SIGNATURE:

Date:

Application and Payments to be sent by email / courier to:

EUROLINK SAFETY
 Office 309, 3rd Floor,
 Golf Park Office, Dubai, UAE
 Phone: 04-2824263; Fax: 04 282 4285
 eurolink@emriates.net.ae

For Office Use:

Application has been reviewed and Approved for correctness, for arrangement of required resources and to handle any special requests while arranging examinations;

Name & Signature of Administrator

Date: