

During the assessment Invigilators must:

- Verify the Candidates identity before starting the assessment;
- Give the Candidates their assessment instructions (cover page) and assessment paper and advise them not to open the papers until directed;
- Ensure the Candidates check their Name and National Insurance Numbers recorded on the cover page of the assessment are correct. If there are any errors they should correct these by putting a line through the mistake and entering in the correct details;
- Allow the Candidates time to read the instructions and ensure they do not look at the assessment paper until all the Candidates understand the procedure and any questions have been answered;
- Inform the Candidates they have up to 30 minutes to complete the assessment;
- Ensure the start and stop times are clearly stated to the Candidates and they understand that there is no talking once the assessment has begun;
- Instruct the Candidates to read the questions very carefully before they select their answers;
- Inform the Candidates that if they finish the assessment early they should sit quietly until the Invigilator states otherwise;
- Inform the Candidates that the assessments will be returned to the SJIB who will mark the assessments and issue the results and Pass Certificate (if applicable) via email within two weeks.

Each assessment is unique to the individual and must not under any circumstances be copied or completed by any other Candidate. If this occurs the assessment will be invalid.

Invigilator must be aware of any Candidate who has special needs. For example, someone who has forgotten his or her glasses, in this instance you can read the questions and potential answers to the candidate and mark the answers as appropriate. In some instances, it may be more appropriate to conduct the Candidates assessment on their own rather than as part of a group.

Employers must communicate the outcome of the assessments to Candidates within two weeks of receiving the certificates and reports.

Employers must ensure that they provide additional training to Candidates who fail the assessment and that they should fund the first re-sit.



ECS Health, Safety and Environmental Assessment Invigilators Declaration

I/we, the undersigned declare that I/we have read, understood and undertake to comply with the Rules for Invigilation as determined by the SJIB. Further, I/we understand that breach of these Rules will result in sanctions as laid down by the SJIB and I/we understand I/we could be removed from the list of approved Invigilators and will invalidate ECS Health and Safety Assessments already conducted.

Company Name:

| Invigilator Name (Block Capitals) | Signature | Date |
|--------------------------------------|-----------|------|
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Costs

SELECT/SJIB Member Companies: Non Member Companies: ECS Question & Answer Study booklet: £42.00 per Operative £54.00 per Operative £10.00 per booklet

Studying before the Assessment is recommended. <u>Click here to access the online ECS Question and</u> <u>Answer booklet</u>, which contains questions and answers you could potentially be asked.

Please select the payment method you will be using (BACS or Card Payments only):

BACS

Card Payment

For BACS Transfers, please use the details below (you must include a reference with your payment):

Account type: Business Account Name: Scottish Joint Industry Board Sort Code: 824505 Account Number: 10500760 Reference: ECS – Company Name

ECS Health, Safety & Environmental Assessment Application Requests can be scanned and emailed to ecsapp@sjib.org.uk or posted to address below (ensure correct postage is applied)

The SJIB The Walled Garden Bush Estate Midlothian EH26 0SB



ECS Health, Safety and Environmental Assessment Request Application Form for Employers (Page 1)

In order for us to ensure you receive the assessments and later the certificates in a timely manner please complete the following details of the company's point of contact and the name of the company Invigilator.

| Company Name: | |
|---|--|
| Company Contact: | |
| Email Address to email assessment to: *This <u>MUST NOT</u> be the email address of a candidate | |
| Company Address: | |
| Company Postcode: | |
| Contact Number: | |
| Invigilator: | |
| SELECT/SJIB Membership Number: (If applicable) If no membership no detailed, non-member rate will be charged | |
| Email Receipt to: | |

The SJIB records the personal data requested in this application form on a secure IT database which enables the SJIB to provide you with ECS Health, Safety and Environmental Assessments. For more information, please <u>click here to view our Privacy Statement.</u>

Office Use Only

| Date Application received: | |
|-------------------------------------|--|
| Date emailed to company/invigilator | |



ECS Health, Safety and Environmental Assessment Request Application Form for Employers (Page 2)

* Important Note* – Please visit the SJIB card Portal <u>ECS Card Portal</u> and check the health and safety requirements for the ECS card that your employee requires.

Candidate(s) Details

| National Insurance Number | Candidates Name | ECS Card/Grade Please refer to important note |
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Payment Request Form

Please complete in BLOCK CAPITALS and return this Payment Request Form to the SJIB with all corresponding paperwork.

| Full Name: | | | |
|-------------------------------------|----------------------------|-----------------------------------|----------------------|
| National Insurance No. | | | |
| Payment For: | | | |
| (eg. | SJIB ECS (Grade) Card, ECS | HSE Assessment or Replacemen | t Craft Certificate) |
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| | | | |
| Cord Type: | | | |
| Card Type: | (Visa Dehit, Cre | dit, Mastercard, Maestro & Switch |) |
| Card Number: | | an, mastercara, maestro a owner | 1 |
| | | | |
| | | | |
| Valid From: | | Expiry Date: | |
| Security Code: | | Issue No: | |
| Security Code: (Last 3 digits on | | (if applicable) | |
| signature strip) | | (ii applicable) | |
| Norma an O anda | | | |
| Name on Card: | | | |
| Contact No: | | | |
| | | | |
| Billing Address: | | | |
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| Amount Payable: £ | | | |
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| SJIB use only: | | |] |
| Authorisation Number: | | Date: | |
| Employment Affairs - Documents\N | atalie\ISO 9001 | Revision : 13 | 3 (27.10.2023) NS |