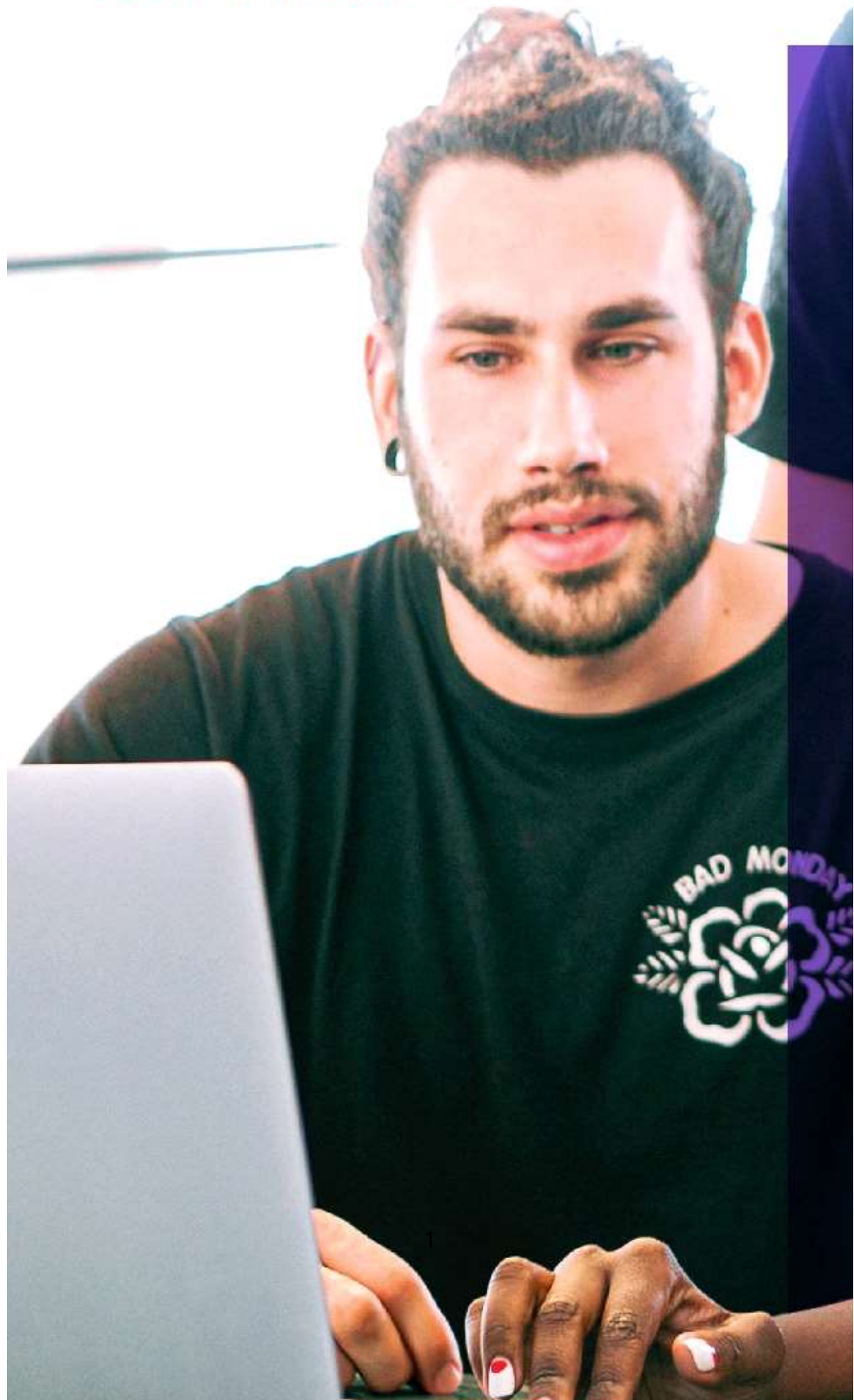


# CIVICA





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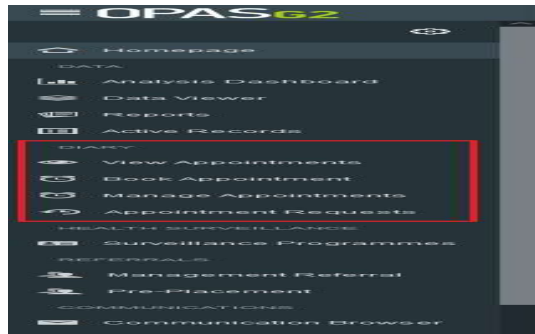
## **Introduction**

This guide is to details how a user of the OPAS G2 uses Pre-Placements in G2.

The guide will explain the following information:

- Using the G2 System
- Pre-Placement Dashboard
- Creating a new Pre-Placements
- Applicant Questionnaire completion

## Using the G2 System



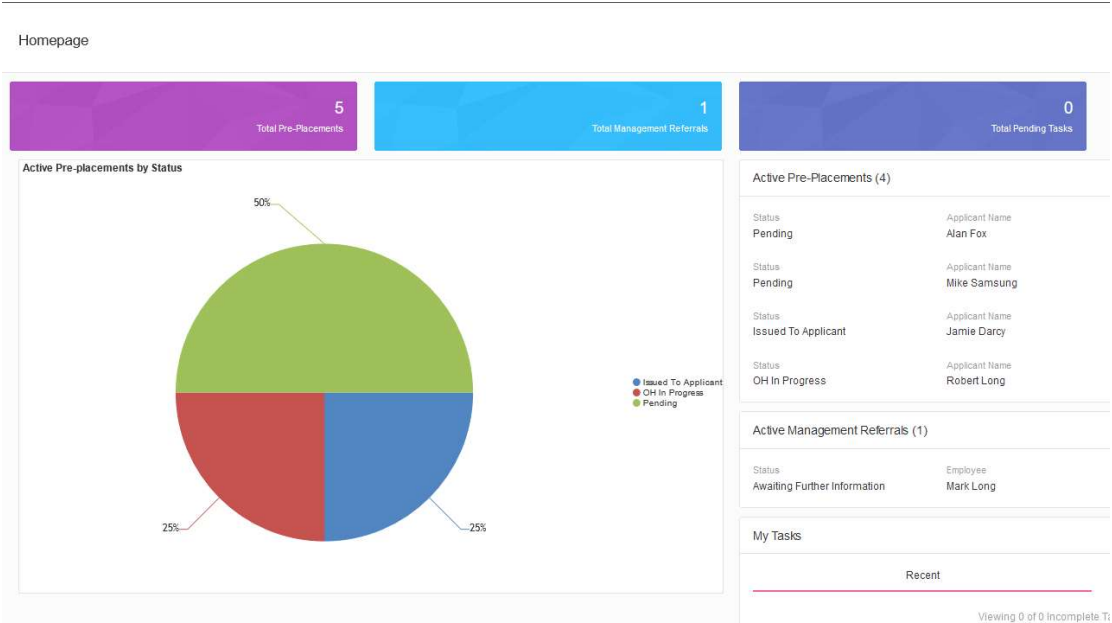
Use the Menu on the left-hand side as the main navigation through the system.

This user guide focuses on Pre-Placements.

# HR Dashboard

Log in as HR

The HR dashboard will display



To Resume/review any ongoing cases select ‘open’ from the active pre-placements list.

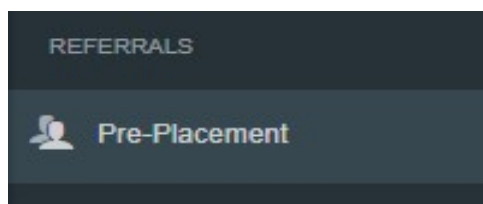
**Please Note** – Depending on the given permissions, a HR licence can either see the Pre-Placements raised by the user or all pre-placements raised in the organisation.

**Please Note** – to expand the active pre-placements selection select ‘see more’

Active Pre-Placements (4)			Name...
Status	Applicant Name	Created	
Pending	Alan Fox	16/01/20	
Status	Applicant Name	Created	
Pending	Mike Samsung	17/01/20	
Status	Applicant Name	Issued	
Issued To Applicant	Jamie Darcy	21/01/20	
Status	Applicant Name	Submitter	
OH In Progress	Robert Long	14/01/20	

## Pre-Placment Dashboard

To view the Pre-Placement dashboard



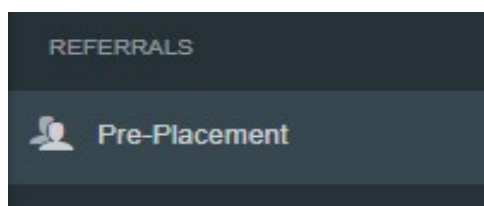
Select '**Pre-Placement**' from the left hand Referrals menu.

Recently Finished	
Completed	Applicant
19/01/2022 4 days 22 hours ago	Alastair Garland
Pending	
Created	Applicant
16/01/2022 7 days 22 hours ago	Alan Fox
17/01/2022 7 days 2 hours ago	Mike Samsung
Issued To Applicant	
Issued To Applicant	Applicant
21/01/2022 3 days 4 hours ago	Jamie Darcy
In Progress	
Reviewed By OH	Applicant
17/01/2022 7 days 0 hours ago	Robert Long
Archived	
Withdrawn	

All recently finished, Pending, issued to applicant, in progress, archived and withdrawn are listed here.

Its also here you can create a new Pre-placement.

## Creating a new Pre-Placement



Select '**Pre-Placement**' from the left hand Referrals menu.





Select '**Create**' from the top right of the screen



*A new started Health Questionnaire will open*

Pre-Placement

 Current Status: <b>Pending</b> <a href="#">(More Info)</a>	
Pre-Placement Type	
Please select the Pre-Placement form type that you wish to issue to the applicant *	
<div>New Starter Health Questionnaire</div>	
Application Details	
<b>Applicant Details</b>	
Please enter the details of the applicant *	
Given Name *	Family Name *
<input type="text"/>	<input type="text"/>
Email Address *	
<input type="text"/>	
<b>Position Applied For</b>	
Job Title *	Proposed start date
<input type="text"/>	 DD/MM/YYYY
Shift type	Employment Location
<input type="text"/>	<input type="text"/>

Complete all applicant and position applied for details.

Complete all questions regarding 'Job Risks & Tasks'.

---

## Job Risks & Tasks

Please select all the risks, occupational hazards and tasks which the applicant is likely to be exposed to

### Duties

Driving 15,000 miles or more PA

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Regular Night

<input type="checkbox"/> Yes	<input type="checkbox"/>
------------------------------	--------------------------

Shift Work

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Full Time

<input type="checkbox"/> Yes	<input type="checkbox"/>
------------------------------	--------------------------

Part Time

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Mobile/Field I

<input type="checkbox"/> Yes	<input type="checkbox"/>
------------------------------	--------------------------

Overseas Travel

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

### Occupational Driving

Light Vehicles

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

PSV/ Large C

<input type="checkbox"/> Yes	<input type="checkbox"/>
------------------------------	--------------------------

Fork Lift Trucks

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Company or

<input type="checkbox"/> Yes	<input type="checkbox"/>
------------------------------	--------------------------

### Special Requirements

Food Handler

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Normal Colo

<input type="checkbox"/> Yes	<input type="checkbox"/>
------------------------------	--------------------------

### Physical Demands

Sedentary


<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Regular lifting

<input type="checkbox"/> Yes	<input type="checkbox"/>
------------------------------	--------------------------

Other (Please specify)

### Associated Documents

 Upload Files

 or drag files here

No Documents for this record

Specify any other relevant information and attach any required documents.

 Save

 Issue To Applicant

 Cancel

Once completed select '**Issue to applicant**' from the top right.

Confirm that the pre-placement is ready to be issued to the applicant.

## Confirm issue of pre-placement to applicant

Once you have submitted this pre-placement to the selected applicant, you will no longer be able to make any further changes entered.

Are you sure you wish to submit this pre-placement now?

Select **'Submit'**

Confirmation of saving the pre-placement along with notification that any relevant emails have been sent will display.

Pre-Placement Saved



Pre-Placement Saved

The following actions and communications also occurred:

✉ Pre-Placement - Issue To Applicant was sent to jonathan.fred@hotmail.com ✓



Continue

Select **'Continue'**

*The Pre-Placement Dashboard will display.*

Issued To Applicant

Issued To Applicant	Applicant
24/01/2022 0 days 0 hours ago	Jonathan Ford

The Questionnaire that has been sent to the applicant will display under '**Issued to Applicant**'

## Applicant Questionnaire Completion

OPAS-G2

Dear Jonathan Ford,

As part of your recent application for the role of Apprentice, you are required to complete a Questionnaire regarding your

In order to access the Questionnaire, please click the link below:

[Load Record](#)

If you have any difficulty completing this Questionnaire, please contact the HR Department.

Yours sincerely,

Leah Birchall  
HR Department

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*The applicant will receive a prompt email*

Select '**Load Record**'

*The data protections an handlingmessage will display*



## New Starter Health Questionnaire

Strictly Confidential

Important

The purpose of this questionnaire is to ensure the work you will be doing will not pose unreasonable risk to your health, to ensure you advise the prospective employer of any reasonable adjustments that may be recommended. All information collected is treated in the strictest confidence and stored in accordance with the relevant legislation including the General Data Protection Regulations.

Please ensure you answer all questions accurately and include as much information as possible, where required, in order to ensure the operation of the business is objective and effective. It is important for your own health and safety and also efficient operation of the business that your answer to any question that discloses information regarding your health may result in your employer terminating your employment.

If you have declared any health issues the Occupational Health Nurse may wish to discuss these with you and if so may contact you during the process of screening. For certain types of work further fitness, functional or health surveillance screening may be required.

Once you have clicked Continue below please review the contents of the form and ensure you have all of the relevant information entered. You will be able to save it and return.

Continue >

Select '**Continue**'

**Please Note** – If the applicant moves away from the questionnaire before submission, they will lose their entered data.

*The questionnaire will display for completion.*



## New Starter Health Questionnaire

Personnel Details	
Please enter your details.	
Date Of Birth *	National Insurance Number *
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Telephone Number *	
<input type="text"/>	
Home Address *	
<input type="text" value="Address input"/>	

GP Details	
Please provide the details of the GP Surgery which you are currently registered with.	
GP Name *	GP Surgery
<input type="text"/>	<input type="text"/>
GP Address *	GP Telephone Number
<input type="text"/>	<input type="text"/>

Occupational History
----------------------

### Section

Person

GP De

Occu

Medic

Suppo

Applic

At the end of the questionnaire the applicant will be asked to complete the Declaration prior to submitting the form.

## Applicant Declaration

---

I agree that the above information is correct.

☒ Yes

☐ No

I authorise the Company to process and store the data, information and test results collected by me as long as required and understand my rights under the Privacy Policy/ GDPR 2018 and that I will not request occupational health records by written application to the Company.

☒ Yes

☐ No

I understand that any changes to my health or medication may affect/change my ability to work and I will inform the Company I have been offered a job with and to inform my manager as soon as possible. I will inform Occupational Health of any changes to my health or medication, who will inform Occupational Health.

☒ Yes

☐ No

I understand that if I give incorrect or misleading information I will be liable for the consequences and I will accept any further action.

☒ Yes

☐ No

---

Please ensure you have filled out the above information to the best of your ability as you will not be able to edit the form once it is submitted

**Submit Form**

Once completed, select '**Submit Form**'

On submitting if any mandatory fields are not completed these will be highlighted.



Do you wear glasses? Select those which apply

If Yes please provide details \*

Field is required

Complete the missing fields and submit the form.

The screen will prompt the form is being submitted.

Please ensure you have filled out the above information to the best of your ability as you will not be able to return form once it is submitted



*Confirmation of the completion will display.*

The questionnaire has now been submitted back to OH for processing.



Thank you for completing the New Starter Health questionnaire.

The information you have provided will now be forwarded to the Occupational Health team to review.

The applicant will receive an email to confirm the questionnaire has been submitted.

The logo for OPAS-G2, with 'OPAS' in white and 'G2' in green, set against a dark blue background.

OPAS-G2

Dear Jonathan Ford,

Thank you for completing the Pre-Placement Questionnaire regarding your application for the role of Apprentice.

We have now received this and will be in touch if we need to arrange an appointment.

Yours sincerely,

Occupational Health Department

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## Document Control

Document Control:				
Version:	Author:	Date:	Comments:	Status:
1.0	Jonathan Sidaway	14/01/2022		

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