

Declaration of Commitment

Recipient
Address 1
Address 2
City
Post Code

Network Rail
Address 1
Address 2
City
Post Code
T (Your telephone number)

Date:

Reference: *(insert HR Direct case number if applicable)*

Employee name:	Employee number:	Sentinel number (if applicable):	Work location:
Job role:	Date:	Name of manager completing:	
Date of declaration:			

Employee to review and complete the below:

I confirm that:

- I have disclosed a drug/s *and/or* alcohol (delete as appropriate) misuse concern to my manager
- I have read and understand the requirements set out in the DASP Guidance Document and have had an opportunity to discuss this with my manager
- I have been provided with, and read, the employee information sheet; what to expect after disclosure (Appendix D)
- I have read and understood Network Rail's Drug and Alcohol Standard. (NR/L2/OHS/00120)
- I understand that I must conduct myself in accordance with the Drug and Alcohol Standard (NR/L2/OHS/00120), and must never work, report to work or drive whilst under the influence of drugs or alcohol, or with drugs or alcohol in my system.
- I understand that the company takes a zero-tolerance approach to drugs and alcohol, and therefore any employee who breaches the company's Drugs and Alcohol Standard (NR/L2/OHS/00120) may be liable to disciplinary action up to and including dismissal.
- As specified in the DASP guidance document, I agree to comply with mandatory active monitoring tests for drug/s *and/or* alcohol (delete as



appropriate). I understand that this may be for a period of up to 12 months once initiated.

- I understand that failure to adhere to mandatory active monitoring tests may result in disciplinary action.
- I understand that I must attend Occupational Health appointments and consent to my manager referring me for occupational health support.
- I understand that where I consent to occupational health assessments and appointments occupational health will provide my manager with a report after each assessment.
- I agree to comply with the agreed support pathway with occupational health and EAP
- I am aware that I can voluntarily withdraw from the company’s DASP at any time and this decision would close the programme of support. I understand that mandatory active monitoring tests would continue, as well as, where relevant, all other testing types outlined within Network Rails Drug and Alcohol Standard (NR/L2/OHS/00120) and reasonably required.
- I agree to not drive a motorised vehicle, operate equipment, or undertake any safety-critical work for or on behalf of Network Rail until formally approved to do so by a healthcare professional and/or the DVLA together with the Network Rail’s Occupational Health team and evidence of this must be provided to my manager.
- I understand my legal obligations are to not drive a vehicle under the influence of drugs and/or alcohol and am aware that I must inform the DVLA of substance misuse concerns.
- I understand that personal sensitive data will be created, stored, and processed to enable Network Rail to support and manage my misuse of drugs and alcohol, and agree for my data can be stored, accessed and processed in compliance with GDPR.

Signed by:

Employee Signature:.....
Date:.....

Manager Signature:.....
Date:.....

Please confirm a copy of this has been sent to the below: (Please tick)

Copy to employee []
Date:

Copy to line manager []
Date:

Copy to Employee Records (Team EmployeeRecords@networkrail.co.uk) []
Date: