**Registration as an ECITB Approved**

**Trainer/Tester/Invigilator/Test Coordinator Application Form**

Please complete one form for each Trainer/Tester/Invigilator/Test Coordinator

This form is to be completed by the applying organisation, please email to: [programme.admin@ecitb.org.uk](mailto:programme.admin@ecitb.org.uk) or post to: The Programme Administrator, ECITB, Blue Court, Church Lane, Kings Langley, Herts WD4 8JP

**Part 1 - Training Provider Details**

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| **Company Name:** | Click or tap here to enter text. | | |
| **Address and postcode:** | Click or tap here to enter text. | | |
| **Name of Centre**  **Co-ordinator:** | Click or tap here to enter text. | | |
| **Telephone:** | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |

**Part 2 - Details of Proposed Applicant**

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| **Proposed Role:** | Click or tap here to enter text. | | |
| **Forename and**  **Surname:** | Click or tap here to enter text. | | |
| **Date of Birth:** | Click or tap to enter a date. | **National Insurance number (UK only):** | Click or tap here to enter text. |
| **Passport or County of Origin/Residency Number (International only):** | Click or tap here to enter text. |
| **Have you had a previous application refused?** | If yes, please explain why. Choose an item. Click or tap here to enter text. | | |

**Details of Programme(s) to deliver please indicate using the appropriate box**

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| **Programme Type** | **Reference** | **Title** |
| e.g. Technical Testing, Training Standards, CCNSG Tutor, Invigilator etc | TT SECA | Supporting Engineering Construction Activities |
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| **Training Qualifications and Experience**  **(Minimum Required)** | | | |
| Please include details below: | | | |
| Level 2 City and Guilds Qualification or equivalent  OR  Verifiable relevant and sustained recent experience of delivering training in the specific or related discipline | Choose an item. | Copy of Certificate Attached: | Choose an item. |

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| **Academic and/or Vocational Qualifications and/or Professional Recognition**  **(Minimum Required)** |
| For the following sections, please refer to the Trainer-Tester/ Invigilator Criteria Matrix located in the Trainer-Tester/Invigilator guidelines and list below relevant qualifications, attaching any required certificates. |
| Click or tap here to enter text. |
| **Relevant Occupational Experience**  **Please give brief details of occupational expertise, relevant work experience and vocational qualifications (e.g. apprenticeships, skill status, VQs attained, etc, or a full CV should be attached to this form to support the application. Please attach copies of qualification certificates.**  **(Minimum Requirement)** |
| Click or tap here to enter text. |

**CCNSG Trainer - Testers only**

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| **National Safety Passport no:** | Click or tap here to enter text. | **Expiry Date:** | Click or tap to enter a date. |
| **LaTS Passport no:** | Click or tap here to enter text. | **Expiry Date:** | Click or tap to enter a date. |

**International Health and Safety Passport (IHSP) Trainer only**

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| **Foundation Safety Passport no:** | Click or tap here to enter text. | **Expiry Date:** | Click or tap to enter a date. |
| **Advanced Safety Passport no:** | Click or tap here to enter text. | **Expiry Date:** | Click or tap to enter a date. |
| **Supervisor Safety Passport no:** | Click or tap here to enter text. | **Expiry Date:** | Click or tap to enter a date. |
| **Environmental Safety Passport no:** | Click or tap here to enter text. | **Expiry Date:** | Click or tap to enter a date. |
| **Risk Assessment Safety Passport no:** | Click or tap here to enter text. | **Expiry Date:** | Click or tap to enter a date. |
| **Working at Heights Safety Passport no:** | Click or tap here to enter text. | **Expiry Date:** | Click or tap to enter a date. |

**Part 3 – Signatories**

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| **Please sign to confirm that you support this application for registration as a Trainer-Tester Invigilator –Test Coordinator.** | | |
| **Applicants Signature:** | Click or tap here to enter text. | Date:  Click or tap to enter a date. |
| **Applicants Email:** | Click or tap here to enter text. | |

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| **Please sign to confirm that you support this application for registration as a Trainer-Tester-Invigilator- Test Coordinator on behalf of the applicant.** | | |
| **Training Providers Signature:** | Click or tap here to enter text. | Date:  Click or tap to enter a date. |
| **Name:**  **(Please print):** | Click or tap here to enter text. | |

**Part 4 - Official ECITB use only**

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| **Approvers Details** | | |
| **Approvers Signature:** | Click or tap here to enter text. | Date:  Click or tap to enter a date. |
| **Approvers Name:**  **(Please print)** | Choose an item. | |