# Instructions

Please complete this form if you are seeking approval for:

1. Additional licence(s) - complete sections 2, 3 and 5
2. Additional training or testing facility or practical rig approval - complete
   1. sections 3, 4, 5
   2. specify discipline in section 3

For practical rig approval submit this form along with the required practical rig checklist (see APP01B Annex 1 and PAM501-516).

# Training provider contact details

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | | |
| Address: |  | | |
| Telephone: |  | | |
| Email: |  | Website: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name: |  | Contact email: |  |
| Training Centre manager (name) |  | Training Centre manager email |  |
| Administrator name: |  | Administrator email: |  |

# Approval for: licence, training facility and/or practical rig

**Is this application for delivering training in?** UK or International

**If international – what countries outside UK?**

|  |  |
| --- | --- |
| **Licence** | **Select licence and/or specify technical discipline below** |
| **CCNSG** |  |
| **Project control** |  |
| **Supervisor** |  |
| **Technical ECITB courses**  **(drone/PEP/confined space etc)** | If yes: which disciplines? |
| **Technical training** | If yes: which disciplines? |
| **Technical testing** | If yes: which specific disciplines? |
| **Other** |  |
|  |  |

# Own training & testing facility and practical rig approval

|  |  |
| --- | --- |
| **Location/address of facility/rig seeking approval for**  **(inc post code)** |  |

|  |  |
| --- | --- |
| **Training facility** | **Response** |
| For your own training venue please confirm the following by uploading evidence either photos and/or videos that show:   * a classroom with light and space that mean it is conducive to learning * safety signage in place, first aid facilities and fire extinguishers * that the required resources and training aids are available to support delivery * access to catering, refreshments, water and other welfare facilities * disabled access to the training, if required * ability to enable remote observation audits (if required) |  |
| **Online testing approval (including CCNSG)**  For the online testing facility for which you are seeking approval please confirm the following by uploading evidence as either photos and/or videos that show:   * suitable IT equipment for individual online testing * test facility free from distractions and interference * the capability to enable video and audio capture of test sessions and store (in accordance with the SOPs) * For CCNSG only: free from the award of an ECITB corrective action plan (Grade 4) in the preceding 18 months |  |
| **Practical rig approval**   * Please complete and submit the relevant APP01B Annex/PAM501-516 self-assessment form(s) - confirm via email that you have the relevant practical rig required. * Upload photographic / video evidence of your practical rig. * ECITB, may visit your practical rig and/or may request that you upload additional photos   If you are unsure what you require, contact [programmeadmin@ecitb.org.uk](mailto:programmeadmin@ecitb.org.uk) |  |

# Self-assessment declaration

I confirm that we have availability of and access to the training facilities, practical resources and rigs above (or an equivalent) to enable us to deliver the ECITB training and/or testing as required.

Once approved, we will deliver in accordance with the ECITB licence and standard operating procedures.

We understand that we must, at all times, ensure that the facilities and practical equipment used to deliver ECITB training and testing meets all relevant health and safety regulations and guidelines.

Centre manager name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Centre manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ECITB visit required? Actions for training provider

|  |  |  |  |
| --- | --- | --- | --- |
| **Discipline** | **Action** | **Responsible** | **By when?** |
|  |  |  |  |
|  |  |  |  |

# Recommendation for approval

|  |  |
| --- | --- |
| **ECITB approval contact** | |
| Comments |  |
| Name |  |
| Signature |  |
| Date |  |

# Approval sign off

|  |  |
| --- | --- |
| Head of Products name |  |
| Head of Products signature |  |
| Date |  |

# Summary of approval process