



## APPENDIX 1

# CCNSG SAFETY PASSPORT

## Training Provider Application Form

Name and Address of Training Provider:		
Date of visit:	Review carried out by:	

## TRAINING PROVIDER DETAILS

<b>Company Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>Website:</b>	
<b>Contact Name:</b>	
<b>Contact Name of Administrator:</b>	
<b>Position:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>Email:</b>	

## TRAINING PROVIDER OPTIONS

<p>Please indicate where the Training is to take place?</p> <ul style="list-style-type: none"> <li>• Local</li> <li>• Regional</li> <li>• National</li> </ul>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; background-color: #cccccc; text-align: center;">Yes</td> <td style="width: 60%;"></td> </tr> <tr> <td style="background-color: #cccccc; text-align: center;">No</td> <td></td> </tr> <tr> <td style="background-color: #cccccc; text-align: center;">Yes</td> <td></td> </tr> <tr> <td style="background-color: #cccccc; text-align: center;">No</td> <td></td> </tr> <tr> <td style="background-color: #cccccc; text-align: center;">Yes</td> <td></td> </tr> <tr> <td style="background-color: #cccccc; text-align: center;">No</td> <td></td> </tr> </table>	Yes		No		Yes		No		Yes		No	
Yes														
No														
Yes														
No														
Yes														
No														

**PLEASE SUPPLY THE FOLLOWING INFORMATION**

<p>Evidence of Current Health &amp; Safety Training Delivery.</p>		<p>Details</p>
<p>Please indicate the expected number of CCNSG Tutors</p> <p>Please attach the relevant Tutor application forms and documents.</p>		<p align="center">Number of CCNSG Tutors -----</p>
<p>A Business Plan must be submitted to include written proposals on:</p> <ul style="list-style-type: none"> <li>• Why you wish to run the CCNSG Scheme?</li> <li>• How is the CCNSG Scheme going to be implemented?</li> <li>• What systems and procedures are already in place?</li> </ul>		<p align="center">Please attach the relevant information to the back of this application form.</p>
<p>Details of affiliations with other bodies.</p>		
<p>Please attach a letter of recommendation from an industry client/or contractor who will support your application.</p>		

<p>Please confirm that the following documents are held and are in date.</p> <ul style="list-style-type: none"> <li>• Insurance Certificate</li> <li>• Equal Opportunities Policy</li> <li>• Health and Safety Policy</li> </ul> <p>NB: These will be audited at a provisional approval visit.</p> <p>Please attach copies to the back of this application form.</p>		<p>Please tick as appropriate.</p> <table border="1" style="width: 100%;"> <tr><td>Yes</td><td></td></tr> <tr><td>No</td><td></td></tr> </table> <table border="1" style="width: 100%;"> <tr><td>Yes</td><td></td></tr> <tr><td>No</td><td></td></tr> </table> <table border="1" style="width: 100%;"> <tr><td>Yes</td><td></td></tr> <tr><td>No</td><td></td></tr> </table>	Yes		No		Yes		No		Yes		No	
Yes														
No														
Yes														
No														
Yes														
No														

**TO BE SIGNED BY THE APPLICANT**

<b>Signed</b>		<b>Date</b>
<b>Name</b>		<b>Position</b>
<b>For and behalf of (name of organisation)</b>		

**ECITB USE ONLY**

Date received	
Date of acknowledgement letter	
Date of Approval visit	
Signature of CCNSG Scheme Manager	Date: