

NEW TRAINER REGISTRATION FORM



PLEASE NOTE: This form is to be completed when adding new trainers to your centre or existing trainers for additional courses. Please return your completed form to sitecourses@citb.co.uk

Section 1: Sponsoring Training Provider

Sponsoring training provider:	
Key contact:	Training provider centre no.:
Key contact telephone number:	Key contact email address:

Section 2: Trainer Details

Trainer name:	
Date of birth:	Registration no. (if previously reg. with CITB):
Trainer telephone number:	Trainer email address:
Trainer address:	

Is the Trainer above currently registered with any other training providers? If yes, please provide the training provider name(s):

Yes No

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Have you ever had an allegation of malpractice upheld against you?

Yes

No

If yes, please provide further details below:

Section 3: Course and qualification information

Please tick the courses the trainer is going to deliver for the centre in Section 1:

Health and Safety Awareness (HSA) (1 day)	
Achieving Behavioural Change (ABC) (1 day)	
Site Supervisor Safety Training Scheme (SSSTS) (2 day)	
Site Supervisor Safety Training Scheme Refresher (SSSTS-R) (1 day)	
Site Management Safety Training Scheme (SMSTS) (5 day)	
Site Management Safety Training Scheme Refresher (SMSTS-R) (2 day)	
Directors Role for Health and Safety (DRHS) (1 day)	
Site Environmental Awareness Training Scheme (SEATS) (1 day)	
Temporary Works Co-ordinator Training Course (TWCTC) (2 day)	
Temporary Works Supervisor Training Course (TWSTC) (1 day)	
Temporary Works General Awareness Training Course (TWGATC) (1 day)	
Tunnelling Safety Training Scheme (TSTS) (1 day)	

Please ensure all supporting evidence for the trainer delivering the course(s) as selected above is held on centre file. Please list below any professional memberships held by the trainer:

Please confirm the following:

I already hold an eligible PTLLS qualification or equivalent and a copy of my certificate is held on file

I am already registered as a Site Safety Plus trainer and registered prior to 31 December 2007 and am therefore exempt from this requirement

Please list the health and safety and any other relevant qualifications and awards the trainer holds:

I confirm the training provider in Section 1 holds a copy of the trainer current CV and CPD on file, which demonstrates and contains all required evidence of experience, qualifications and membership to meet the trainer delivery criteria of all courses selected in Section 3. This should be made available upon request from the CITB.

Yes

No

Trainer IOSH/Institute for Learning no. (if applicable):

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Section 4: Declaration

Data Protection Statement

CITB, the Construction Industry Training Board, registered as a charity in England and Wales (Reg No 264289) and in Scotland (Reg No SC044875), will use your personal data. Your personal data is your contact details, any information we obtain directly from you or from third parties or as a result of our relationship with you for the purposes connected with our role as a Sector Skills Council and Industrial Training Board, and in providing goods and services to you. We may disclose your information to our service providers or agents for these purposes but we will not otherwise pass your personal data to third parties for marketing purposes. You have a right to request a copy of the personal data we hold about you (for which we may charge a small fee) and to correct any inaccuracies in your information.

We would like to contact you by mail to provide you with information on our products and services and our other activities and those of selected third party organisations that we think may be relevant and useful to you. If you do not want to receive such information please tick here [].

We would also like to contact you by email, telephone, fax, or SMS to provide you similar information. Please provide us with your contact details if you would like us to contact you by these methods.

Email:	Telephone:
SMS:	Fax:

I confirm, as a trainer, I have read and understood the current Site Safety Plus Scheme Rules

Declaration

(to be signed by centre Director/Principal/Owner)

If approved under the Site Safety Plus Scheme, I confirm that:

- I will train the scheme in accordance with the current Scheme Rules.
- I will be authorised to train on behalf of the training provider mentioned in Section 1 **only** those courses specified on my certificate.
- I hereby give permission for CITB to enter and share my details on internal information systems.
- The information given by me in this trainer application is true and correct to the best of my knowledge.

Trainer signature:	Print name:
Signature on behalf of training provider:	Print name:
Position held:	Date: