

###### *PO Box 3716/ Stone / Staffs / ST15 9EU / t: 07484 075254 / www.ferfa.org.uk*

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| **FeRFA NVQ/SVQ TRAINING SCHEME CANDIDATE ENROLMENT FORM** |
| SCHEME | [x]  In-situ Resin Flooring |  [ ]  Prepare and Profile Substrates | [ ]  In-situ Screed Flooring |
| START DATE |  |

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| **LEARNER DETAILS** |
| NAME |  |
| DATE OF BIRTH |  |
| HOME ADDRESS |  |
| TOWN |  |
| POSTCODE |  |
| MOBILE |  |
| EMAIL |  |
| NI NUMBER |  |
| PHOTOGRAPH - Please supply a head and shoulders photograph along with this enrolment form. This can be taken on a digital or mobile phone camera. This is a **mandatory requirement** of the application process. Any applications received without photographic identification will be subject to delay until such time as this is supplied. |

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| **QUALIFICATIONS (continue on separate sheet if necessary)** |
| TYPE (e.g. GCSE) | SUBJECT | GRADE | YEAR TAKEN |
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| **CSCS CARDS** | YES | NO |
| Has candidate taken and passed the H&S touch screen test? |[ ] [ ]
| Does candidate hold a current CSCS card? |[ ] [ ]
| If so, provide card type and number | Type of CSCS card | Number |
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| *Once candidates have been enrolled by CITB you should apply for a RED Trainee CSCS card.* [*https://www.cscs.uk.com/card-type/trainee-card/*](https://www.cscs.uk.com/card-type/trainee-card/) |

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| **EMPLOYER DETAILS** |
| COMPANY |  |
| CONTACT NAME (e.g. Supervisor) |  |
| *Information on the training scheme is primarily sent via email. Please give the name and email address for the person who will be dealing with training matters on a regular basis.* |
| PRIMARY TRAINING CONTACT |  |
| DIRECT EMAIL ADDRESS |  |

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| **EXPERIENCE & EMPLOYMENT** |
| How long has the candidate been employed by you? |  |
| What is the candidate’s current job title / role? |  |
| What is the candidate's experience of laying resins (if any)? (please provide details below) |
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| Any other relevant previous experience? (please provide details below) |
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| **OTHER INFORMATION** |
| As the training takes place at a variety of locations around the country it is useful for us to know the following: | YES | NO |
| Is the candidate a driver? |[ ] [ ]
| Does he/she have access to transport when training? |[ ] [ ]
| Any special dietary requirements? If yes please give details below. All information will be kept in confidence. |[ ] [ ]
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| *As part of the NVQ/SVQ training scheme candidates can receive help with literacy, numeracy and other learning difficulties* |
| Does the candidate have any learning difficulties? If yes please give details below. All information will be kept in confidence. |[ ] [ ]
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| Does the candidate have any known medical conditions which may affect the candidate in carrying out this occupation & training. If yes please give details below. All information will be kept in confidence. |[ ] [ ]
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To help with planning the training schedule it would assist if we know of any planned holiday dates in advance. Once the training schedule has been arranged it is very difficult to organise additional training if sessions are missed, so it is vital that all trainees attend all the sessions as planned.

If the candidate has holiday already booked prior to commencement of the scheme please make a note of these here:

Holiday dates