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NPORS Application Form Training Provider

Step 1 – Training Provider Name

Training Provider Name: Tick if TP already registered with NPORS then go to Step 3

Step 2 – Training Provider Details

Contact Name: Company Reg No. VAT No.

Business Address: Head Office Address (if different):

Telephone: Owner/Directors/Partners Details:

Fax:

Email:

Date of Incorporation:

Have Training Centre? YES / NO (Circle choice) Number of Employees:

Also Registered with other Schemes? YES / NO (Circle choice) Which Schemes:

Step 3 – Number of Instructors Registering

Are you Registering Instructors with NPORS now? YES / NO (Circle choice) How Many?*

Step 4 - Application Fees

Code	Accreditation	Fees Payable (exc. VAT)	Quantity
Commercial			
TPA01	Training Provider Accreditation (First Instructor registered is included in this fee)	£250.00	
INS01	2nd Additional Instructor	£250.00	
INS02	Additional Instructors - 3 rd to 6 th Instructor	£100.00	
INS03	Additional Instructors - 7 th Instructor onwards	£50.00	
Non-commercial			
TPA02	Training Provider Accreditation (First Instructor registered is included in this fee)	£100.00	
INS02	Additional Instructors	£100.00	
Note: All new instructors must be monitored before NPORS Accreditation is given.			
	Monitoring (Two instructors may be monitored on the same day)	£275.00 (Daily Rate) + costs	



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NPORS Application Form

Instructor

Step 5 – Instructor Details (photocopy this section if you require more than one Instructor to be registered)

First Name(s):	Surname:
Date of Birth:	National Insurance No:
Home Address:	Home Telephone:
	Mobile Telephone:
	Email Address:
	Preferred Mail method: Home Work Email
Are you also registered with other Schemes? YES / NO Which Schemes:	

Have you been disqualified from another registration scheme or HSC accredited body in the last 5 years? YES / NO

Have you been involved with any serious work related accident in the last 5 years? YES / NO, if yes please give a brief explanation:

Please select on the following page which categories you would need on your Instructor card.

You must provide the following documents:

1. Current CV
2. Instructional Techniques Certificate
3. Two passport sized photos
4. Evidence to support the categories applying for

Data Protection Act 1998 We may obtain, use, process and disclose personal data about you in order that we may discharge the services and/or products offered by NPORS Ltd. And for other related purposes including updating and maintaining your records, crime prevention and regulatory compliance. You have the right off access under the data protection legislation to personal data we hold about you. For the purposes of the Data protection Act 1998 the Data Controller in relation to personal data supplied about you is the National Plant Operators Registration Scheme Limited.

I confirm that the information and evidence given to NPORS by this me will be used for my Instructor application approval; and that if there is a significant inaccuracy in this information or non-disclosures that would affect NPORS or its representatives decision or any failure to carry reasonable action specified by NPORS, then NPORS may regard that as grounds for withholding or withdrawing your status as an approved NPORS Instructor

Signature _____

Date _____



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NPORS Application Form Instructor

Write the code below on the certificate or copy of card, to provide a reference for your evidence.

Code	Category		Code	Category	
N001	Industrial Counterbalance Lift Truck		N221	Piling Rig	
N002	Articulated Lift Truck		N222	Plant Securer (Non-LGV)	
N003	Reach Truck		N223	Scraper	
N004	Lorry Mounted Lift Truck		N224	Landfill Compactor	
N005	Order Picker		N225	Multi Lift & Drop Vehicle	
N006	Sideloader		N240	Grader	
N007	Narrow Aisle Lift Truck		N241	Pay Welder	
N008	Pallet/Stacker Truck		N242	Sideboom	
N009	Rough Terrain Lift Truck		N243	Shunter Vehicle	
N010	Telescopic Handler		N244	Chipper	
N011	Industrial Telescopic Handler		N245	Plant Securer/Driver	
N012	Container Handler		N246	Plant Securer Only	
N013	Pivot Steer Truck		N301	Abrasive Wheels	
N101	Mobile Crane		N302	Bench Saw	
N102	Tower Crane		N303	Circular Saw	
N103	Crawler Crane		N304	Cable Avoidance Tools	
N104	Overhead Crane		N401	Appointed Person (lifting operations)	
N105	Quay Crane		N402	Slinger/Signaller	
N106	Log Handler		N403	Vehicle Banksman	
N107	Lorry Loader		N404	Safe Working At Height	
N108	M.E.W.P. Boom		N405	Crane Supervisor	
N109	M.E.W.P. Scissor Lift		N502	Rail Drill	
N111	Hoist		N503	Sleeper Drill	
N112	System Scaffolding & Mobile Towers		N504	Rail Handler (Ironman)	
N114	Overhead Container Gantry Crane		N505	Impact Wrench	
N115	Remote Control Tower Crane		N506	Generator	
N116	Dragline		N601	Agricultural Tractor	
N119	M.E.W.P. Mast Climber		N602	Chain Saw - Maintenance & Cross Cutting	
N201	Excavator 180°		N603	Wood Chipper/Shredder	
N202	Excavator 360°		N604	Grass Cutters/Mowers	
N203	Trencher		N605	Strimmer/Brush Cutter	
N204	Forward Tipping Dumper		N606	Stump Grinder	
N205	Rear Dump Truck		N607	4x4 Off Road	
N206	Loader/Compressor		N608	All Terrain Vehicle (ATV)	
N207	Crusher		N609	Winching & Recovery	
N208	Screeners		N610	Hand Held Hedge Trimmer	
N209	Loading Shovel		N701	Hand Held Equipment	
N210	Tow Tractor		N702	Confined Spaces	
N211	Concrete Pump		N703	Fire Warden	
N212	Skidsteer Loader		N704	Manual Handling	
N214	Road Roller		N710	Cartridge Tool	
N215	Dozer		N711	Safe Use of Ladders	
N216	Road Planer		N712	Safety Harness	
N218	Asphalt Re-Instatement		N713	Fall Arrest Equipment	
N715	Safe Use of Ladders		N714	Safety at Street & Road Works	
N220	Paver		S001	Site Safety Awareness	



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NPORS Application Form Training Centre

Step 6 – Training Details (photocopy this section if you require more than one centre to be registered)

Training Provider: _____

Centre contact: _____

Address: _____

Telephone: _____

Mobile Telephone: _____

Email Address: _____

Fax: _____

Please enclose the following documents :

- Copy of current public liability insurance certificate
- Copies of Insurance certificates for all plant equipment used for training purposes

Does the centre have

- | | | | |
|---|--------------------------|--|--------------------------|
| Adequate welfare facilities | <input type="checkbox"/> | Good Health and safety management & policies | <input type="checkbox"/> |
| Appropriate Emergency procedures and policies | <input type="checkbox"/> | Equal opportunity policy | <input type="checkbox"/> |
| Adequate classroom facilities | <input type="checkbox"/> | Adequate training material/equipment | <input type="checkbox"/> |
| Adequate outdoor training facilities | <input type="checkbox"/> | Adequate indoor training facilities | <input type="checkbox"/> |

Courses provided

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I agree to allow NPORS to send a Monitor to complete a Training Centre assessment visit, to assess the centre for Approved Training Centre status. The daily cost is £275.00 +VAT

Signature _____

Date _____