



OFFICE USE ONLY				CS No:	
Date rec'd:				Invoice No:	
Payment Ref: (BACS/CC/PO)				App Exp:	
TP No:		Ins No:		VN:	
Monitor Assigned:				CS complete:	

NPORS Training Provider Application Form

Training Provider Name (Please note that all documentation requested on page 2 must reflect the name stated here)

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Training Provider Main Address	Head Office Address (if different to Main Address)
Building Name / No:	Building Name / No:
Address Line 1	Address Line 1
Address Line 2	Address Line 2
Town	Town
Post Code	Post Code

Training Provider Business Details			
Owner		Co. Registration No:	
Partner		VAT No:	
Director		Date of Incorporation	

Main Contact Details	Mynpors Admin Contact <small>(Person responsible for notifications/admin etc if different to main contact)</small>
Name	Name
Position	Position
Tele No:	Tele No:
Email	Email

Card / Certificate Return Address <small>(If different to Training Provider main address shown above)</small>	Details to show on NPORS Website
Building Name / No:	Website address
Address Line 1	Email
Address Line 2	Tele No:
Town	
Post Code	



NPORS Training Provider Application Form

cont'd

Accounts Details (if different from main contact)	
Contact name	Accounts Address (if different to main address)
Tele No:	Building Name / No:
Email	Address Line 1
Cc Email for accounts only	Address Line 2
	Town
Is a PO number required Yes <input type="checkbox"/> No <input type="checkbox"/>	Post Code

Type of Accreditation applying for (see Training Provider / Instructor Policy & Procedures, Section 3.1 for full details)
Commercial <input type="checkbox"/> Corporate Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/>
In addition to above, I / we also wish to apply for Construction Site Safety Scheme status <input type="checkbox"/>

Has Training Provider <u>ever</u> been investigated or disqualified from other Accrediting Body or Registration Scheme
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on separate sheet of paper

Required Documentation (Please note that all documentation must reflect Training Provider name on page 1)	
(PL) Public Liability Insurance	<input type="checkbox"/>
(EL) Employers Liability Insurance (if applicable)	<input type="checkbox"/>
(DP) Registered with Information Commissioner (ICO)	<input type="checkbox"/>
(EO) Equal Opportunities Policy	<input type="checkbox"/>
(H&S) Health & Safety Statement / Policy*	<input type="checkbox"/> *Policy required if 5 or more employees
(PI) Professional Indemnity Insurance	<input type="checkbox"/>

If you wish to register Training Centre(s) or Instructor(s) with NPORS, please complete the relevant application form(s)

DECLARATION

By signing below I confirm that the information and evidence provided for the Training Provider Application is correct and if there is a significant inaccuracy in this information or non-disclosures, then NPORS may regard this as grounds for withholding or withdrawing our status as an NPORS Accredited Training Provider

I also confirm that that I have received, read and agree to be bound by the NPORS Training Provider Accreditation Agreement and Training Provider & Instructor Policy & Procedures Documents

Name of Training Provider Authorised Signatory: _____

Signature of Training Provider Authorised Signatory: _____

Date:

For fees and bank details please see Training Provider and Instructor Registration Fees (NP041a)
Please return completed form by email to instructoradmin@npors.com or by post to NPORS Ltd, PO Box 204, Northwich, Cheshire, CW9 7FY