



NPORS

TRAINING CENTRE

APPLICATION FORM

NPORS INSTRUCTOR APPLICATION FORM

OFFICE USE ONLY		CS No:	
Date rec'd:		Invoice No:	
Payment Ref: <small>(BACS/CC/PO)</small>		App Exp:	
TP No:	NI No:	VN:	2nd stage:
Monitor Assigned:		CS complete:	

Training Centre Details

Please photocopy this application form if you require more than one centre to be registered

Training Provider Name and Registration No (if known)

Training Centre Address

Building Name / No

Address Line 1

Address Line 2

Town

Post Code

Training Centre Contact Details

Name

Position

Tel

Mobile

Email

Does the Training Centre have any of the following: (please tick as appropriate)

Welfare Facilities

Health & Safety Policy

Emergency & Evacuation Policies & Procedures

Equal Opportunity Policy

Classroom / Indoor Training Facilities

Registered with Information Commissioner (ICO)

Outdoor Training Facilities

Site Risk Assessments

Appointed Fire Marshal

COSHH Register

Visitor Signing-in Procedure

Safety Signage & Symbols

HASWA Poster

Appointed First Aider

What category of courses can the Training Centre provide? (Please tick as appropriate)

Construction Plant

Industrial

Classroom

Confined Spaces

DECLARATION

I agree to allow an NPORS Auditor / Monitor to complete a Training Centre Accreditation Audit, to assess the centre for Accredited Training Centre status

Instructor Signature:

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





SUPPORT AND STANDARDS YOU CAN COUNT ON



NPORS

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npors.com