



NPORS

TRAINING PROVIDER

APPLICATION FORM

NPORS | October 2023 | V1

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

Training Provider Main Address

Building Name / No:

Address Line 1

Address Line 2

Town

Post Code

Head Office Address (If different to Main Address)

Building Name / No:

Address Line 1

Address Line 2

Town

Post Code

Training Provider Business Details

Owner

Partner

Director

Head Office Address (If different to Main Address)

Company Reg. No.

VAT No.

Date of Incorporation

Main Contact Details

Name

Position

Tel No.

email

MyNPORS Admin Contact (Person responsible for admin if different to Main)

Name

Position

Tel No.

email

Card / Certificate Return Address

Building Name / No:

Address Line 1

Address Line 2

Town

Post Code

Details to show on NPORS website

Website address

email

Tel No.



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Accounts Details (If different to main contact)	Accounts Address (If different to main address)
Contact Name	Building Name / No
Tel	Address Line 1
email	Address Line 2
cc email (for accounts only)	Town
Is a PO number required YES NO	Post Code

Type of Accreditation applying for (see Training Provider / Instructor Policy & Procedures, Section 3.1 for full details)

Commercial Corporate Commercial Non-Commercial

In addition to above, I / we also wish to apply for Construction Site Safety Scheme status

Required Documentation (Please note that all documentation must reflect Training Provider name on page 1)

(PL) Public Liability Insurance

(EL) Employers Liability Insurance (if applicable)

(DP) Registered with Information Commissioner (ICO)

(EO) Equal Opportunities Policy

(H&S) Health & Safety Statement / Policy* *Policy required if 5 or more employees

(PI) Professional Indemnity Insurance

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



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DECLARATION

I confirm that the information and evidence given to NPORS by 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 this as grounds for withholding or withdrawing my status as an approved NPORS Instructor

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

Instructor Signature:

Date:



SUPPORT AND STANDARDS YOU CAN COUNT ON



NPORS

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