

Summary of Training Evidence

This form is to be completed by a candidate wishing to be assessed under the ACS scheme as a Category 2 or a new Category 1 applicant (who has undergone extended / structured training programme organised by a training provider) as described in the Operational Requirements for Certification Bodies Operating the Nationally Accredited Certification Scheme for Individual Gas Fitting Operatives and the ACS guidance note 8 (update No 2) issued by GAS SAFE REGISTER. The completed form must be sent with assessment paperwork for technical review by the assessment centre.

The accompanying flow charts will help centres to evaluate the information supplied on this form and to determine the suitability of the candidate applying for assessment.

Candidate details											
First Name											
Surname											
NI Number											
Address line 1								•	•	•	
Address line 2											
Address line 3											
Address line 4											
Post Code											
Contact Tel											
		Qua	lification	detail	ls					Yes	s or No
Do vou hold a certific	ate of com					or OFT	102) or Sc	lid Fuel?			5 01 110
Do you hold a certificate of competence covering Oil (OFT 101 or OFT102) or Solid Fuel? Do you hold a relevant craft certificate or NVQ in Plumbing?											
Do you hold a relevant craft certificate or NVQ in pipe fitting/welding?											
Do you hold a relevant craft certificate or NVQ in heating and ventilation?											
Do you hold a relevar	nt craft cei	tificate or	NVQ in re	frigera	ation?	ı					
Do you hold a certific	ate from a	specific g	as training	g cour	se?						
Do you hold any othe	r qualifica	tions whicl	h you feel	may s	suppo	rt your a	application	?			
Details of craft certi	ficate or I	NVQ quali	fications								
Name of Award or Certificate		Type of Award or Certi			icate	City and Guilds Scheme and Complex Numbers			Ce	ward or ertificate Level	
Details of all other r	elevant q	ualificatio	ns claime	ed abo	ove						
Training provider de	etails wer	e applicat	ole								
Name of Training Pro	vider										
Contact Number											
Duration of the course	e (In Days	5)									
Start date of the cour	se	Finish date of the course									



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		Work	experi	ience					
The following section re Gas Safe Register regi specified. These details	stered installation	n/service bu	siness						
Please place a tick in			<u> </u>						
Type of gas work	Dome	Domestic		Commercial			LPG		
	_	been working on gas instal		ations (under supervision			Day		
Please state how man							ing your "or	ı job"	
experience (ii you na	Boiler	not carried out the procedure Boiler Boiler					Air	Water	
	Fanned	Open flue	I FIRE I COOKER I		heater	heater			
Install									
Service									
Fault finding & repair									
Tightness test		Flue fle	Flue flow test Spil		Spill	age test			
Candidate declaration									
I confirm that the details I have provided are true and complete to the best of my knowledge and belief. I understand that my certificate may later be withdrawn if the information is later found to be false or incomplete.									
Candidate signature				Date					
Employer details and	declaration					•			
I confirm that the above named individual has worked for us under supervision and that the areas of work detailed have been undertaken by the candidate under direct supervision of a Gas Safe Register registered installer/engineer.									
Employer name				Employe	r signature	:			
Company Gas Safe Register No				Date					
Contact Tel									
Supervising engineer	declaration *del	ete as app	licable						
I have supervised the c	andidate named	above in *se	ome / a	all of the a	ctivities lis	ted			
Name				Signature	Э				
Gas Safe Reg ID No				Date					
Contact Tel									
Assessment centre de	eclaration							Yes / No	
Candidate qualification	(s) are suitable fo	r entry as a	n ACS	scheme c	ategory 2	applio	cant.		
The business details ar Register web-site or reg			ils have	e been che	ecked agai	nst th	ne Gas Safe		
I have reviewed a portf	olio of on the job	evidence in							
content as being suitab I have reviewed a portf	olio of on the job	evidence in	suppo	rt of this a	pplication	and v	erified its		
content as being suitab	le and sufficient f	or entry as	an ACS			appl	icant.		
Name				Signature	9				
Date				Position i	in centre				