

LOGIC CERTIFICATION



Supplementary Application Evidence Form

This form must be completed in full by all Category 2 candidates (*in addition to the Standard Application form*) and **must** detail the candidate qualifications which should be checked against the requirements of ACS Guidance Note 8 or 8a. It must also be completed when a Category 3 Candidate has completed any Managed Learning Program (MLP) other than the Logic Certification APL training course.

Candidate details										
First Name(s)										
Surname										
NI Number										
Address										
Address										
Address										
Address										
Post code										
Contact tel no										

Qualification details – <i>Must be completed in full</i>		
Place a tick against any qualifications held	<input checked="" type="checkbox"/>	NVQ/Craft Scheme N°
Craft certificate or NVQ in plumbing	<input type="checkbox"/>	
Craft certificate or NVQ in pipe fitting/welding	<input type="checkbox"/>	
Craft certificate or NVQ in heating and ventilation	<input type="checkbox"/>	
Craft certificate or NVQ in refrigeration	<input type="checkbox"/>	
Any MLP other than Logic APL (If yes, please detail below*)		

*MLP Training provider details (Training portfolio to be submitted for verification)	
Name of training provider	
Contact number	
Duration of the course (in days/weeks)	

Qualification detail (cont.)	Y/N
Do you hold any other qualifications which you feel may support your application (please detail below)	

Details of other qualifications

PLEASE COMPLETE FURTHER DETAILS OVERLEAF

Work experience					
The following section requires you to provide details of your "on job" experience and must be signed off by a Gas Safe Registered installation/service business for whom you have carried out the duties specified. These details may be audited at a later date.					
Please place a tick in the appropriate boxes					
Type of gas work	Domestic		Commercial		LPG

How long have you been working on gas installations (under supervision)	
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Please state approximately how many times you have carried out the following activities during your "on job" experience (if more than 10 times please put >10 in the appropriate box)			
Tightness test			Appliance service/maintenance
Gas rate/ Burner pressure			Appliance installation
Flue flow test			Pipework installation
Spillage test			Flue installation
List the gas appliance types you have worked on e.g. cookers, fires, boilers			

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. I also understand that successful completion of the assessment will not guarantee my registration with Gas Safe Register			
Candidate signature		Date	

Employer details and declaration			
I confirm that the above named individual has worked for me under supervision and that the areas of work detailed have been undertaken by the candidate under direct supervision of a Gas Safe Registered gas installer/engineer.			
Employer name		Employer signature	
Company Registration No		Date	
Contact Tel			

Supervising engineer declaration *delete as applicable			
I have supervised the candidate named above in *some/all of the activities listed			
Name		Signature	
Licence Card (ID) No		Date	
Contact Tel			

Assessor declaration * delete as applicable			
I have interviewed the above named candidate and briefed him regarding the scheme rules regarding application. I *have/have not verified the details provided on this application. <i>Note: For Category 3 candidates who have completed a MLP other than the Logic APL, the candidates training portfolio must be verified as acceptable prior to ACS assessment and a summary of training retained for verification (see ACS Guidance Note 8 and/or 8a)</i>			
Assessor Name		Signature	
Date			