



Application for Training

Personal Details				Employer/Business Details			
Surname				Company Name			
Forename				Business Address			
Home Address							
Post Code				Postcode			
Telephone No				Telephone No			
Email Address				Manager/Supervisor			
Date of Birth				Email Address			
NI Number							
Are you a previous Candidate at this Centre? (Please tick)				Yes		No	
Reason for Application			✓	Category of Candidate			✓
Renewal of Certification (reassessment)				Category 1: Experienced practicing gas fitting operative			
Extension of work activity (adding ACS)				Category 2: Applicant with relevant gas or similar work qualifications/experience			
First time applicant (never held ACS)				Category 3: New entrant without relevant experience qualifications/experience			
Domestic	Please tick	Commercial	Please tick	LPG	Please tick	ESP	Please tick
Re-CCN		COCN1		CONGLP PD		CODNESP1	
Initial CCN1		CODNCO1		CONGLP RPH		CESP1	
COCDN1		ICPN1		CONGLP LAV		CMA1/MET2LS	
CKR1		CORT1				CMA2/MET3LS	
CENWAT1		CIGA1		Laundry		Catering	
HTR1		CDGA1		CCLNG1/CLE1		CCCN1	
DAH1		CBHP1				CODC1	
MET1		TPCP1		OFTEC		COMCAT1	
LAU1		TPCP1A		101		COMCAT3	
CPA1		CMET1		105e		Electrics	
HWSS		CMET2		600a		2382-10	
SOLAR		Ltd Scope		Package inc 101, 105 & 600a		2382-20	
Meters		COCN11LS				Other	
REGT1		ICAE/LS				ACOP CIGA	
MET4		ICPN1LS				Gas Awareness	

Block 5, Unit 37, Third Road, Blantyre Industrial Estate, Blantyre, G72 0UP
 Tel: 01698 828222 Fax: 01698 825222 Email: enquiries@gascert.co.uk
 Gas Safe Reg: 170342 Vat No: 762 1745 29 Company No: 176913

Current Qualifications	Date Passed	Card number / Qualification details
Are you currently Gas Safe/OFTEC registered	YES/NO *	
City & Guilds or NVQ/SNVQ	YES/NO *	
ACS/OTHERS	YES/NO *	

Please answer all questions below, by indicating in the relevant YES/NO box	YES	NO
Have you regularly undertaken the type of work covered by the existing certificate scheme prior to this application?		
Have you ever been deemed incompetent in matters of gas/oil safety? If yes, please provide details on a separate sheet and attach it to this application.		
Have you ever been dismissed from employment on the grounds of gas/oil safety incompetence If yes, please provide details on a separate sheet and attach it to this application.		
Have you ever had your Gas Safe Registration or other Certificate of Qualification withdrawn? If yes, please provide details on a separate sheet and attach it to this application.		
Do you have any medical or specialist needs? Should you have any medical condition which may affect the way you work, or the training and assessment process or any other special needs please list them separately and attach them to this application		
THE DATA PROVIDED ON THIS FORM WILL BE USED IN ACCORDANCE WITH THE CURRENT DATA PROTECTION ACT. INFORMATION RELATING TO OPERATIVE COMPETANCE AND REGISTRATION WILL BE AVAILABLE TO THE PUBLIC OR ANY OTHER PARTIES WITH A LEGITIMATE INTEREST		
THE INFORMATION MAY ALSO BE USED BY GAS CERTIFICATION LIMITED AND THEIR AGENTS FOR MARKETING PURPOSES.		
PLEASE TICK THE BOX IF YOU DO NOT WISH TO RECEIVE MARKETING MATERIAL		
IF YOU DO NOT WISH US TO PASS YOUR ASSESSMENT RESULTS, INCLUDING CERTIFICATE TO YOUR EMPLOYER (WHERE REQUESTED) PLEASE TICK THE BOX		

Candidate's declaration: I confirm that I have read and understood the Scheme Rules supplied with this application and that the information given is true and correct to the best of my knowledge. I agree to keep confidential all information, knowledge and any related items which I become aware of during the assessment process.

Note: False, inaccurate or misleading declaration may result in the withdrawal or cancelling of certificates.

Applicants Name

Applicants Signature Date

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