


Application for Assessment

Centre		 <small>MIDLAND ENERGY TRAINING & ASSESSMENT CENTRE</small>				Centre Number:		017									
PPS Number																	
Title eg: Mr/Mrs		ATTACH TWO PASSPORT STYLE PHOTOGRAPHS HERE PLEASE PRINT YOUR NAME ON THE REVERSE SIDE OF EACH AND ALSO SIGN															
Forename(s)																	
Surname																	
Date of Birth										D	D	M	M	1	9	Y	Y
House Number/Name																	
Street																	
Town																	
County																	
Country										IRELAND							
Tel No:																	
Mobile No:																	
e-mail address																	
Employers Name																	
Education/Training				Tick		FOR CENTRE USE ONLY											
National Craft Certificate in allied Trade/EU equivalent of NCC						Certificates/Qualifications/Evidence has been provided, the likeness of photograph and candidate's signature have been confirmed and verified. Centre Representative Name:											
City & Guilds Certificate (Advanced) in allied trade.																	
Department of Education Snr. Certificate in allied trade						Centre Representative Signature:		Date:									
Completion and Apprenticeship Certificate (AnCO/FAS)						Assessment wishing to be taken		Please <input checked="" type="checkbox"/>									
A letter of introduction signed by a nominated person from Bord Gais , Calor Gas or Flo Gas (Irish Liquid Petroleum Gas Association) in respect of individuals who have relevant experience in the Gas Industry						GI S- Gas Installer 1 Safety											
OFTEC OFT 101 Certificate (UKAS Accredited)						GI D- Gas Installer Domestic											
Any other considered relevant describe:						GIDS- Appliance Servicing											
BLUE FLAME CERTIFICATION LTD WILL HOLD YOUR DETAILS IN ACCORDANCE WITH THE DATA PROTECTION ACT (LATEST EDITION). DATA WILL BE USED FOR CERTIFICATION PURPOSES. INFORMATION RELATING TO OPERATIVE COMPETENCE AND REGISTRATION WILL BE AVAILABLE TO THE PUBLIC OR ANY OTHER PARTIES WITH A LEGITIMATE INTEREST.																	
Candidate Declaration Note false or misleading declarations may result in Blue flame Certification Limited withdrawing or cancelling certificates																	
Special Needs: should you have any medical condition which may affect the way you work, the assessment process or any other special needs please list them separately and attach to this application																	
IF YOU DO NOT WISH US TO PASS YOUR ASSESSMENT RESULTS TO YOUR EMPLOYER (IF REQUESTED) PLEASE <input checked="" type="checkbox"/> THIS BOX <input type="checkbox"/>																	
I confirm that I have read, understood and will comply with Blue flame Certification Ltd Scheme Rules supplied with this Application Form and that the information I have provided is true and correct to the best of my knowledge.																	
Candidate's Signature: _____						Date: _____											