

Application for Assessment <> GAS

PPS Number									3 Passport Photographs Required with this Application Form.
Title eg: Mr/Mrs									
Forename(s)									
Surname									
Date of Birth	D	D	M	M	1	9	Y	Y	
Address.									
Co.									
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:		DSC - Appliance Servicing							
ERS 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 ERS 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									
Metac Ltd reserves the right to reschedule or cancel courses without notice in the event of insufficient participants enrolling or attending on the initial day of scheduled training.									
I confirm that I have read, understood and will comply with ERS 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: _____	