

**Nationally Accredited Certification Scheme for OFTEC Oil Technicians
Application for Assessment**

Centre	METAC	Centre Number	017
PPS Number			
Title: eg: Mr/Mrs			
Forename(s)			
Surname			
Date of Birth			
		1	9
House Number			
Street			
Town			
County			
Country		IRELAND	
Tel No.			
Mobile No			
Employers Name			
Employers Tel No			

**Attach Two
Passport Style
Photographs
Here**

**PLEASE PRINT
YOUR NAME ON
THE REVERSE SIDE
OF EACH AND
ALSO SIGN**

Reason for Application	Tick
Category 1- Candidate holding OFTEC or S/NVQ Certification	Are you currently OFTEC Registered ? Yes / No * *please delete as appropriate
Category 2- First time applicant for OFTEC Assessment having relevant qualifications and experience. Mandatory Training is required prior to Assessment. <i>[Candidates must also complete a Category 2 Checklist]</i>	
Category 3- no qualifications and unable to be Assessed	

FOR CENTRE USE ONLY

Certificates/Qualifications/Evidence has been provided, the Categorisation declared, the likeness of photograph and candidate's signature have been confirmed and verified.

Centre Representative

IF YOU DO NOT WISH US TO PASS YOUR ASSESSMENT RESULTS TO YOUR EMPLOYER (IF REQUESTED) PLEASE **TICK** THE BOX

BLUEFLAME CERTIFICATION LTD WILL HOLD YOUR DETAILS IN ACCORDANCE WITH THE DATA PROTECTION ACT (LATEST EDITION). DATA WILL BE USED FOR CERTIFICATION PURPOSES AND DETAILS PASSED TO OFTEC AS PART OF THE SCHEME REQUIREMENTS. 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

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 Blue flame Certification Ltd OFTEC Oil 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:** _____