**All fields must be completed in full to avoid any unnecessary delays**

|  |  |
| --- | --- |
| **SECTION A1 - TRAINER DETAILS** | Attach a Passport Photograph of Applicant with Glue  ***Do not staple*** |
| **Title: First Name: Surname:** |
| **Home Address:** |
|  |
|  |
| **Post Code:** |
| **CCDO/H&S Reg No: D.O.B:** |
| **National Insurance No:** |
| **Telephone Number:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **A2** CCDO Card applied for: | | | |
| **Card Type** | **New** | **Renewal** | **Duplicate** |
| NDTG Approved Trainer |  |  |  |

|  |  |  |
| --- | --- | --- |
| **A3** | **I request the card be sent to my home address** |  |
|  |  |  |
|  | **I request the card be sent to my employer/main contractors address** |  |

**A4** I understand and agree that the information on this form will be used by NDTG for the purposes of administering the CCDO scheme. This may include passing on information to employers or training providers and for this purpose, your data may be entered onto a secure database accessible via a website. All payments are non-refundable and non-transferable.

**A5** I certify that I am the above named person Applicant Email Address: …………………………………………

Signature …………………………………………………………………………… Date …………………………………………………………..

|  |
| --- |
| **SECTION B – Training Company Details** |

|  |  |
| --- | --- |
| **B1 By signing this declaration, you as the employer/training provider are confirming that the details are correct to the best of your knowledge for the applicant detailed above.** | |
| **Company Name:** | **Contact Name:** |
| **Company Address:** | **Position:** |
|  | **Signature:** |
|  |
|  |
| **Email Address:** |

**Courses applied for** – Please tick which courses you would like to be approved for. The application will be considered by the NDTG Management Board, based upon verifiable individual knowledge and experience, with assessments where required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Selection ( ✓ )** | **Course** | **Selection ( ✓ )** |
| *CCDO Demolition Site Visitor* |  |  |  |
| *CCDO Demolition Labourer* |  |  |  |
| *CCDO Demolition Refurbishment Operative* |  |  |  |
| *CCDO Demolition Topman* |  |  |  |
| *CCDO Demolition Chargehand* |  |  |  |
| *CCDO Demolition Supervisor* |  |  |  |
| *CCDO Demolition Manager* |  |  |  |
| *NDTG Asbestos Awareness* |  |  |  |
| *NDTG Non-Licensed Asbestos Removal* |  |  |  |

***Please note that applying for the courses does not mean that you will be automatically approved to deliver them.*IMPORTANT NOTES FOR APPLICANTS**

**PLEASE ENSURE THE FOLLOWING IS ATTACHED TO THIS FORM:**

**PHOTOGRAPH**

One passport size photograph of the Trainer, preferably with a light background. Please ensure that the photograph is secured in the space indicated. Do not use staples or cover the face in the photograph.

**ANNUAL FEES**

|  |  |  |
| --- | --- | --- |
|  | **Annual Fee (+ Vat)** | **✓** |
| Training Provider including first approved trainer up to CCDO Chargehand | **£ 1250.00** |  |
| Training Provider including first approved trainer up to CCDO Manager | **£ 2500.00** |  |
|  |  |  |
| Additional Trainers fee up to CCDO Chargehand | **£ 1250.00** |  |
| Additional Trainers Fees up to CCDO Manager | **£ 2500.00** |  |

Please make cheques to be made payable to NDTG Ltd

**ATTACHED SUPPORTING DOCUMENTATION**

|  |  |
| --- | --- |
| ***Documents*** | Y / N |
| CV showing good level of experience in demolition at levels to be instructor. |  |
| ***Qualifications*** *(Minimum)* |  |
| PTTLS or Level 3 Award in Education & Training |  |
| D32/33, A1/A2 or TAQA Assessor Award |  |
| Copy of Trainers Professional Safety or Demolition qualification. |  |
| Copy of Trainers Prevent for Practitioners certificate. |  |
| Copy of current 3-day first aid certificate |  |
| ***Insurance details*** |  |
| Public liability insurance (Minimum £5 Million Cover) |  |
| Employer’s liability insurance (Minimum £5 Million Cover) |  |
| Professional indemnity insurance (Minimum £2 Million Cover with individual named on policy) |  |

**PLEASE SEND THIS FORM TO:**

National Demolition Training Group, Resurgam House, Paradise, Hemel Hempstead, Herts, HP2 4TF

|  |
| --- |
| **SECTION C – OFFICE USE ONLY** |

Completion of Application Approval

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Approval**  **( ✓ or 🗶)** | **Course** | **Approval**  **( ✓ or 🗶)** |
| *CCDO Demolition Site Visitor* |  |  |  |
| *CCDO Demolition Labourer* |  |  |  |
| *CCDO Demolition Refurbishment Operative* |  |  |  |
| *CCDO Demolition Topman* |  |  |  |
| *CCDO Demolition Chargehand* |  |  |  |
| *CCDO Demolition Supervisor* |  |  |  |
| *CCDO Demolition Manager* |  |  |  |
| *NDTG Asbestos Awareness* |  |  |  |
| *NDTG Non-Licensed Asbestos Removal* |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved by** |  | **Reg. No.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

**PLEASE NOTE:**

**Application forms are subject to audit checks in accordance with CCDO requirements, application forms, which are incorrect or not found to meet the scheme requirements will result in your application being rejected and returned. Should you require any assistance in completing this form please contact the NDTG on 01442 217144 option 2.**