

Appendix 2

Application requests

Please select the option which best defines the application you are submitting.

Option 1

- a. Request for trainer/assessor to deliver an additional Track Safety or Technical Skill;
- b. Request for provider to *extend/*decrease [** delete as appropriate*] the scope and/or location;
- c. Long-term absence from the industry due to ill health / change of circumstances. The sponsor provider will ensure that the individual is mentored in the competencies formerly held in order to regain same;
- d. The individual trainer/assessor has been previously employed by the sponsor provider.

Option 2

- *Transfer/*Addition [** delete as appropriate*] of trainer/assessor capabilities to
- *a new provider/*an additional provider [** delete as appropriate*]

Option 3

First time trainer/assessor applications

N.B. NSAR registration should have already been completed on the Skills Backbone – this option is for new trainers/assessors that are applying for their FIRST capabilities. Once registration has been acknowledged by NSAR then mentorship can commence. Any observations completed before the date of approval will be rejected.

Option 4

Deactivation of trainer/assessor from provider profile

It is the responsibility of the employer to ensure that its staff receive the appropriate mentoring for the competences they are delivering on its behalf

Name of Assured Provider:

Address:

Tel No:

E-mail:

Date:

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Please Click below to go to the option you require:

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OPTION 1a

Request for trainer/assessor to deliver an additional Track Safety or Technical Skill.

Please add to TRAINER/ASSESSOR

Capabilities of the competence(s) listed below:

Now complete:

- Statement of Confirmation
- Signature Declaration

TICK

CHECKLIST: to be included with Appendix 2 form

1. Mentor's observation reports
2. Trainer/Assessor Personal Statement

TICK

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Application requests

Option 1b

Request for provider to extend/decrease the scope and/or location

Please add to PROVIDER

Capabilities to be able to deliver

OR

Location

This location is to deliver

TICK

- Track Induction
- Electrification DC Lines
- Other (please specify)

TICK

- Overhead Line (OLEC)
- On Track Plant

This location requires NSAR approval (TIC, OTP, OLEC) and was approved on:

Now complete:

- Statement of Confirmation
- Signature Declaration

TICK

CHECKLIST: to be included with Appendix 2 form

1. None required

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Option 1c

Long-term absence from the industry due to ill health / change of circumstances. The sponsor provider will ensure that the individual is mentored in the competencies formerly held in order to regain the same

TRAINER/ASSESSOR:

Has been long-term absent and will be mentored in the below capabilities to deliver independently:

Now complete:

- Statement of Confirmation
- Signature Declaration

TICK

CHECKLIST: to be included with Appendix 2 form

TICK

1. Trainer/Assessor Personal Statement

Option 1d

The individual trainer/assessor has been previously employed by the sponsor provider.

TRAINER/ASSESSOR:

Now complete:

- Statement of Confirmation
- Signature Declaration

TICK

CHECKLIST: to be included with Appendix 2 form

TICK

1. Trainer/Assessor Personal Statement

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Option 2

Transfer/addition of trainer/assessor capabilities to a new/additional provider

TRAINER/ASSESSOR:

Has transferred to PROVIDER:

And

Requires the below capabilities transferred:

Now complete:

- Statement of Confirmation
- Signature Declaration

TICK

CHECKLIST: to be included with Appendix 2 form

1. Provider headed letter of sponsorship matching only the capabilities which the provider has assurance to deliver signed and dated by the Training Manager
2. Trainer/Assessor Personal Statement

TICK

N.B. Where the transferring trainer/assessor holds capabilities in addition to the provider's capabilities, a separate Appendix 2 as per Option 1b is required.

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Option 3

First time trainer/assessor applications

N.B. NSAR registration should already be complete – this option is an application for first capability following successful mentorship which commenced AFTER registration was approved by NSAR. If Mentorship has been started before registration is complete, this first time application and associated mentorship records will be rejected.

TRAINER/ASSESSOR:

Is currently competent and has completed mentorship to deliver the following competences and require the associated capabilities added to their profile:

Now complete:

- Statement of Confirmation
- Signature Declaration

TICK

CHECKLIST: to be included with Appendix 2 form

1. Provider headed letter of sponsorship signed and dated by the Training Manager outlining the intentions of the provider to progress the individuals career
2. Mentor's observation reports
3. Trainer/Assessor Personal Statement

TICK

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Option 4

Deactivation of trainer/assessor

The following trainers/assessors profiles are to be deactivated with the provider with immediate effect.



Now complete:

- Statement of Confirmation
- Signature Declaration

TICK

CHECKLIST: to be included with Appendix 2 form

1. Provider headed letter signed and dated by the Training Manager outlining the reasons for the deactivation of the trainer/assessors profile

TICK

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Statement of Confirmation

I, being a responsible manager within the above organisation, confirm the following details, which have been included on our Assured Provider's Dashboard:

TRAINER/ASSESSOR:

** delete as appropriate*

TICK

The above **Trainer** has suitable training qualifications for delivery of the proposed track safety skills.

The above **Assessor** has suitable assessment qualifications for delivery of the proposed track safety skills or technical skills.

The above ***Trainer/Assessor** has suitable rail safety or technical skills which have been held for an appropriate time, and they have practical experience in application of these skills.

The above ***Trainer/Assessor** has sufficient experience in delivery of track safety or other relevant technical training.

The above ***Trainer/Assessor** has demonstrated to my satisfaction that they have an in depth understanding of the subject area, and is capable of articulating suitable real life experiences to supplement the training course materials.

The above ***Trainer/Assessor** has written a personal statement (a copy is attached) to clearly articulate why s/he considers they have sufficient underpinning knowledge and skills to deliver the training detailed in this application.

I confirm that the above ***Trainer/Assessor** is in receipt of the current version of the training materials required, and that s/he has received a formal briefing on this material, which has been recorded, and maintained on their personal file for inspection at a future date.

I confirm that the above **Trainer** will be mentored in the delivery of the additional course(s) and will deliver on the first occasion with the direct support of another qualified trainer who is authorised to deliver this training.

I confirm that the location used to deliver the applied for training/assessments meets all the requirements.

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Signature Declaration

We confirm that the information given above is correct, and that we have both reviewed the information uploaded onto our Approved Provider's Dashboard, which to the best of our knowledge and belief is true and accurate. We understand that any false or misleading statements made in this application, will result in removal of our Assured Provider status.

ASSURED PROVIDER NAME (Print):

(Training Manager or equivalent)

ASSURED PROVIDER (Signature):

DATE:

TRAINER/ASSESSOR NAME (Print):

TRAINER/ASSESSOR (Signature):

DATE:

N.B. Trainer/Assessor signature is not required when:

- ***requesting additional provider scope/location for training (option 1b)***
- ***notifying deactivation (option 4)***

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- ***PLEASE UPLOAD THIS APPENDIX 2 AND REQUIRED PAPERWORK (as per options checklists) TO nsar.freshdesk.com FOR PROCESSING BY NSAR. SETUP A LOGIN IF NECESSARY.***
 - ***THIS APPLICATION IS CONSIDERED 'IN PROCESS' UNTIL YOU HAVE RECEIVED FORMAL NOTIFICATION OF ITS OUTCOME***
 - ***IF YOU DO NOT RECEIVE CONTACT REGARDING THIS APPLICATION WITHIN 10 WORKING DAYS PLEASE CONTACT NSAR FOR FURTHER INFORMATION.***
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