

Internal and External Trainer/Assessor Application Form

[OTP, OLEC & Welding Only]

This form captures the relevant information required about a person's qualifications and subject expertise; supported by any relevant evidence. It enables an initial decision to be made regarding a person's capability to deliver training and assessment.

The completed form and any relevant supporting evidence should be submitted to NSAR for collation of information who will then refer to the discipline Professional Head at Network Rail. The outcome of this application will be communicated by NSAR.

Part 1: Personal details – please fill out the relevant fields.

Forenames:

Block Capitals

Surname:

Block Capitals

Sentinel Card Number:

Email Address:

Contact Number:

Assured Provider Name:

Block Capitals

Assured Provider Contact Name:

Block Capitals

Assured Provider Contact Number:

Block Capitals

Assured Provider Contact Email Address:

Are you a Network Rail Trainer and/or Assessor?

Yes

No

If 'Yes', please complete **Part 1b** and **Part 2** once this section is

Are you an existing NSAR Assured Trainer and/or Assessor?

Yes

No

If 'Yes', complete **Part 1b** and **Part 3** once this section is complete

If 'No', please register and gain approval via NSAR's Skills Backbone system and confirm the following before completing **Part 1b** and **Part 3**

What was the date of your successful NSAR observation for first time capability?

Has your full registration with NSAR been approved?

Yes

No

If 'Yes', please proceed to **Part 1b** and **Part 3** once this section is complete.

Have you attached a copy of your CV, delivery history and trainer certificate to this document?

Yes

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Part 1b: Capability Application List

Do you hold the competence of the training course you are applying to deliver?

Yes No

Title of capability you are applying to deliver	Short Code	Apply to Train	Apply to Assess	Apply to Train and Assess	Date of competence expiry	Length of time competence held

If the capability you are applying to deliver is not an existing Sentinel competence, please provide the name in the space provided.

Title of capability you are applying to deliver	Short Code [If Applicable]	Apply to Train	Apply to Assess	Apply to Train and Assess

Network Rail Applicants Only

Part 2: New trainer & or assessor application only

Please use the spaces provided to document your training qualifications and references to support your application.

Trainer/Assessor qualification [please detail]	Date obtained:

References: (A minimum of two is required)

Reference Full Name	Company	Contact Number	Email Address

Do you agree to have these references contacted in relation to your application? Yes No

References will be contacted legally, in an ethical manner and all the information provided will remain confidential

Additional information to support your application:

Please proceed to Section 4

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Part 3: Existing Assured trainers only

Please use the spaces provided to document your existing training qualifications and delivery over the last 12 months.

List Training/Assessing delivered over previous 12 months	Number of times delivered	Dates of Delivery	Detail Evidence Provided	NSAR Checked

Additional information to support your application:

Please proceed to Section 4

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Part 4: Application sign off (Completed by the applicant and reviewer)

By ticking the box, you agree to meet the requirements set within the approved training material and relevant standard?

Do agree for either NSAR or Network Rail to request for additional information?

By ticking the box, you are aware that you may be asked to complete additional documentation, attend further training and/or formal interview to be approved.

By ticking this box, I confirm that the facts stated in this application are true.

Applicant – Print name:

Block Capitals

Date:

Signature:

Training Manager or equalavant – Print name

Date:

Signature:

Reviewers – Internal use only:

NSAR approved – Print name

Block Capitals

Date:

Signature:

NR Training Portfolio Manager approved – Print name

Block Capitals

Date:

Signature:

NR Professional Head approved – Print name

Block Capitals

Date:

Signature:

Notes & Feedback