

## Signature &amp; Declaration [referred to as 'Appendix 2']

This document must be completed and signed, as applicable, and uploaded as evidence to support the request being made within the Skills Backbone system.

## WHAT IS THIS APPLICATION FOR

PLEASE TICK

- Option 1.**      **Addition and/or Removal of capability from Provider and/or Trainer / Assessor**
- Option 2.**      **Transfer / Deactivation of any Trainer and/or Assessor**
- Option 3.**      **Addition and/or Removal of an approved site location from Provider**

## Statement of Confirmation

I, being a responsible manager within the Assured Provider, confirm the following details:

**APPLYING PROVIDER'S NAME**  
**Mandatory – All Options**

**TRAINER/ASSESSOR'S NAME & SENTINEL  
NUMBER**  
**Mandatory - Option 1 and 2**

**PRACTICAL LOCATION NAME**  
**Mandatory for option 3**

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**\* DELETE AS APPROPRIATE \***

## APPLICATION FOR

PLEASE TICK

- |     |                       |   |
|-----|-----------------------|---|
| 1.  | Trainer               | The Assured <b>Trainer</b> has suitable training qualifications for delivery of the proposed capabilities.  |
| 2.  | Assessor              | The Assured <b>Assessor</b> has suitable assessment qualifications for delivery of the proposed capabilities.   |
| 3.  | Trainer/<br>Assessor  | The Assured <b>*Trainer/Assessor</b> is currently sponsored in Sentinel by us   |
| 4.  | Trainer/<br>Assessor  | The Assured <b>*Trainer/Assessor</b> 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.  |
| 5.  | Trainer/<br>Assessor  | The Assured <b>*Trainer/Assessor</b> has sufficient experience in delivery of track safety and/or other relevant technical training.  |
| 6.  | Trainer/<br>Assessor  | The Assured <b>*Trainer/Assessor</b> 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 Network Rail mandated training/assessment materials.                                    |
| 7.  | Trainer/<br>Assessor  | The Assured <b>*Trainer/Assessor</b> has written a personal statement on letter headed paper (and uploaded with this application) to clearly articulate why they consider that they have sufficient underpinning knowledge and skills to deliver the training and/or assessment detailed in this application. |
| 8.  | Trainer/<br>Assessor  | I confirm that the Assured <b>*Trainer/Assessor</b> is in receipt of the current version of the training materials required, and that they have received a formal briefing on this material, which has been documented, and maintained on their personal file for examination at a future date.               |
| 9.  | Trainer/<br>Assessor  | I confirm that the Assured <b>*Trainer/Assessor</b> will be mentored in the delivery of the additional capabilities and will deliver on the first occasion with the direct support of another Assured Trainer/Assessor who holds current and valid capability to deliver this training and/or assessment.     |
| 10. | Practical<br>Location | I confirm that the <b>location</b> used to deliver the applied for training/assessments meets all specification requirements and current required approvals.  |
| 11. | Trainer/<br>Assessor  | I confirm that the deactivated Assured <b>*Trainer/Assessor</b> <u>will</u> be de-sponsored in Sentinel by us, upon approval by NSAR, for the purposes of delivering training/assessment.   |

## Signature Declaration

### Assured Provider

1. I confirm that the information uploaded to Skills Backbone is correct. We have reviewed the information, contact details and email addresses of users uploaded onto our Skills Backbone portal, which to the best of our knowledge is true and accurate.
2. I understand that any false or misleading statements made in this application, may result in suspension of our Assured Provider status pending Formal Review.
3. I confirm that all requirements of this application form been completed?
4. I confirm that all evidence required by Skills Backbone is available and will be uploaded with this application. I understand that if not all evidence is provided my application will be returned to me without action.

ASSURED PROVIDER NAME (Print):

*(Training Manager or equivalent)*

ASSURED PROVIDER (Signature):

DATE:

### Assured Trainer/Assessor

I confirm that I have reviewed the information and email address uploaded on to my Skills Backbone portal, which to the best of my knowledge is true and accurate.

TRAINER/ASSESSOR  
NAME (Print):

TRAINER/ASSESSOR  
NAME (Signature):

TRAINER/ASSESSOR SENTINEL  
NUMBER:

DATE:

***N.B. – Trainer/Assessor signature is not required when Deactivating or when increasing/decreasing scope of an Assured Provider's capabilities and/or locations.***