Trainer/Assessor

Application Form

CITA Scheme





Trainer/Assessor Application Form

This form should be completed for all individuals seeking approval from Arco Professional Safety Services as a trainer/assessor.

The submission of this application form is not guarantee of approval being granted and arco professional safety services reserves the right to reject any application without explanation

PART 1

Personal Details

Title: First Name: Surname: Email address: Contact Number(s): Who will you be working for? Company Name: Contact Number(s):

CITA Qualifications

Please state the APSS CITA qualifications you want to deliver:

e.g. "CITA S-Cape Onshore" or "CITA FPAP"

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PART 2

Your qualifications

Please provide details of qualifications relevant to the CITA course(s) application. Minimum requirements are as follows:

- Current "user" certificate(s) e.g. S-Cape (onshore) User
- Current "Emergency First Aid/First Aid at Work" or equivalent
- Teaching e.g. Award in Education and Training L3*
- Assessing e.g. TAQA L3*
- Other Supporting e.g. IOSH Managing Safely*

Qualification:	
Training Organisation:	
Awarding Organisation/Body:	
Date Awarded:	Expiry Date (if applicable):
Qualification:	
Training Organisation:	
Awarding Organisation/Body:	
Date Awarded:	Expiry Date (if applicable):
Qualification:	
Training Organisation:	
Awarding Organisation/Body:	
Date Awarded:	Expiry Date (if applicable):
Qualification:	
Training Organisation:	
Awarding Organisation/Body:	
Date Awarded:	Expiry Date (if applicable):

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^{*}Preferred. Applicants without qualification will still be considered



Qualification:	
Training Organisation:	
Awarding Organisation/Body:	
Date Awarded:	Expiry Date (if applicable):
Qualification:	
Training Organisation:	
Awarding Organisation/Body:	
Date Awarded:	Expiry Date (if applicable):
Qualification:	
Training Organisation:	
Awarding Organisation/Body:	
Date Awarded:	Expiry Date (if applicable):

Important: Please attach copies of certificates for each qualification listed otherwise it may adversely affect your application.

Experience Log

Please provide a summary of work activities/experience that support your application.

Important: applicants should have a minimum of 3 years' "user" experience of the associated equipment/course.

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Further Information Please provide any further information to support your application

How to submit this form

Please complete the form electronically and send a copy to ${\bf Training@arcoservices.co.uk}$

Alternatively, send a digital copy (scan) to the above email address.

Please retain a copy for your records.