

National Association of Shopfitters

Application: Training Providers Evaluation Questionnaire



It is of the upmost importance to the National Association of Shopfitters (NAS), and its Members, that we review, and quality check all service providers.

With this in mind, this application will form part of our annual 'Quality Assurance Standards' review.

Both pre-existing and potential training providers are required to complete this form **annually** and attach new (/renewal) copy documentation where relevant, i.e renewal insurance certificates.

The NAS will review and consider your application and respond to your 'Lead Contact' (per below) by email, within 3 working days of receipt of your fully completed form and attaching documents.

Please return your completed form and attachments to:
info@shopfitters.org for the attention of the Training Manager. Thank You.

Are you an existing NAS Member?	YES / NO (delete as appropriate)		
Contact Name			
Role/Position			
Company Name			
Company Registration No.			
Address			
Mobile No.		Email	
Landline No.			
Company Website			
Secondary Contact Name & Email Address			
No. of employee's			
Annual UK Turnover			

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Information

Has your company been prosecuted for any breach in Health & Safety or Environmental issues within the last 5 years? If Yes please provide details.	(please continue on a separate page if necessary).
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Training Course Visit

We would very much appreciate it if we could observe one of your training courses, would you be agreeable to this?
YES / NO (delete as appropriate)

Trainers / Instructors

How many direct Trainers do you employ directly?	
How many sub-contracted Trainers do you employ?	

Please provide brief details /attach of your inclusivity policy in relation to delivering training courses.
<i>Example ("Our in-house inclusivity team has xxxxxxxx in place to encourage everyone's voice to be heard)</i>

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Required attachments Page 1 of 2

In order for us to consider your application, please provide copies of the following:

Your Company Insurance(s):	Insurer name	Policy number	Level of cover (£)	Date of Expiry	I have not included copies of my documents because
Public Liability					
Employers Liability					
All Risks					
Professional Indemnity					

We require your directly employed Trainers to be trained in First Aid:

Please give 3 examples, thank you;	Full Name	Date of Expiry	I have not included copies of my documents because
TRAINER 1			
TRAINER 2			
TRAINER 3			

Your Company Policies:	Date of Policy	I have not included copies of my documents because
ENVIRONMENTAL		
QUALITY		
HEALTH & SAFETY		
EQUALITY & DIVERSITY		
MODERN SLAVERY		
INCLUSIVITY		

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Required attachments Page 2 of 2

In order for us to consider your application, please provides copies of the following, thank you.

Accredited Provider qualifications:	Date of Expiry	I have not included copies of my documents because
CITB ATO Certificate (Approved Training Organisation')		
CITB Site Safety Plus		
CPCS		
NPORS		
NVQ		
UKATA		
ARCA		
BOHS		
CITY & GUILDS		
NOCN		
OFQUAL		
CORIAN®		
BREEAM		
CIOB		
CPD		
IOSH		
NEBOSH		
BTEC		
CISRS		
Other?		

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I hereby confirm our organisation is accredited to train in the following (please tick as appropriate)

Please continue on a blank sheet if your courses do not appear here

FIRST AID AT WORK		SCAFFOLD INSPECTION		CITB SITE SAFETY PLUS: Achieving Behavioural Change		CONFINED SPACE	
EMERGENCY FIRST AID WORK		SPILL RESPONSE		CITB SITE SAFETY PLUS: Health & Safety Awareness		DELIVERING STAFF APPRAISALS/REVIEWS	
AED (Automated External Defibrillation)		UKATA ASBESTOS AWARENESS (& Refresher)		CITB SITE SAFETY PLUS: SEATS Site Environmental Awareness Training Scheme		EXPERT WITNESS	
MENTAL HEALTH FIRST AID		Director UKATA ASBESTOS AWARENESS (& Refresher)		CITB SITE SAFETY PLUS: SMSTS Site Management Safety Training Scheme		SAFE USE OF HAND & POWER TOOLS	
MENTAL HEALTH AWARENESS		UKATA Non-Licensable Work with Asbestos Including>NNLW (& Refresher)		CITB SITE SAFETY PLUS: SMSTS Site Management Safety Training Scheme Refresher		WOOD MACHINE TRAINING	
CPR (Cardiopulmonary Resuscitation)/		FIRE MARSHALL		CITB SITE SAFETY PLUS: SSSTS Site Supervision Safety Training Scheme		OXY-PROPANE / OXY FUEL CUTTING	
IPAF		QUALITATIVE FACE FIT (We require Fit2Fit trainers only)		CITB SITE SAFETY PLUS: SSSTS Site Supervision Safety Training Scheme Refresher		SETTING OUT	
PASMA		QUANTIATIVE FACE FIT (We require Fit2Fit trainers only)		CITB SITE SAFETY PLUS: Directors Role for Health & Safety		PAINT WORKSHOPS	
WORKING AT HEIGHT LEADING EDGE		SPILL RESPONSE		CITB SITE SAFETY PLUS: TWCTC Temporary Works Co-ordinator Training Course		SPRAY PAINT FINISHING	
SAFE USE OF LADDERS (& HARNESSES)		HAND ARM VIBRATION		CITB SITE SAFETY PLUS: TWSTC Temporary Works Supervisor Training Course		AUTOCAD	
CAT & GENNY		MANAGING & SUPERVISING EMPLOYEES USING MACHINES		CDM PRINCIPAL ADVISOR		ESTIMATING & TENDERING	
CAT & GENNY Inc ECAT4+		ABRASIVE WHEELS		CDM REGULATIONS AWARENESS		WATER GILDING	
COSHH AWARENESS		PLASTERING		METAL FABRICATOR		DRIVERS CPC	

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I hereby confirm our organisation is accredited to train in the following (please tick as appropriate)

Please continue on a blank sheet if your courses do not appear here

NVQ's- LEVEL 2		NVQ's- LEVEL 3	
Construction Operations		Decorative Finishing and Painting	
Decorative Finishing and Painting		Occupational Work Supervision	
Formwork		Plastering - Solid	
Interior Systems – Dry Lining Fixing		L3 NVQ Dip. in Wood Occ's (& Site Carpentry)	
Lifting ops – Slinger Signaller			
Plant Operations			
Plastering - Solid			
Steel fixing Occupations			
Trowel Occupations (Bricklaying)			
Wood Occupations – Site Carpentry			
SHOPFITTING NVQ's- LEVEL 2			
Shopfitting Site Work			

CONSTRUCTION NVQ's- LEVEL 4		CONSTRUCTION NVQ's- LEVEL 5	
Decorative Finishing and Painting		Lifting Ops – Planning Lifts	
Occupational Work Supervision			
Plastering - Solid			

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Apprentice Training

Please provide any specific Apprentice courses you run and include copies of your Young Persons Risks Assessment that you circulate.

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Thank you for taking the time to complete this document.

Declaration

I confirm that the information provided above is correct and to the best of our knowledge and belief.

Print Name		Title	
Signature		Date	

NAS Office use only.

Signature		Title	NAS Training Manager	
Signature		Title	NAS Director	