**Application Form for GIRI Approved Training Providers**

*Please download, complete and return this form to* [*rachel.hogarth@getitright.uk.com*](mailto:rachel.hogarth@getitright.uk.com)

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| --- | --- | --- | --- | --- | --- |
| Section A: Training Provider Details | | | | | |
| Organisation Name |  | | Legal Status |  | |
| Registered Address |  | | Companies House Registration Number (if applicable) |  | |
| Please confirm if you are applying on behalf of an industry employer, a commercial Training Provider or other (please state). | | | Employer |  | |
| Training Provider |  | |
| Other |  | |
| Section B: Training Facilities | | | | | |
| Address of main Training Facilities  (if different to above) | | |  | | |
| Please confirm that these (or any of the training facilities you will use to deliver GIRI training) will meet the ‘GIRI Minimum Venue Requirements.’ (Please refer to section 4.1 of the **Scheme Rules**). | | | | Yes / No | |
| Section C: Key Contact | | | | | |
| Please complete the details below and attach a copy of the Key Contacts’ Curriculum Vitae (CV). | | | | | |
| Name |  | | Job Title |  | |
| Address (if different from above) |  | | Email |  | |
| Telephone Number |  | |
| In no more than 250 words, please explain how the above nominated individual meets the Scheme Requirements for the Key Contact. (Please refer to 4.1.3 in the **Scheme Rules**). | | | | | |
|  | | | | | |
| Please provide an overview of the responsibilities of the Key Contact in relation to the day-to-day administration of GIRI Training. | | | | | |
|  | | | | | |
| Section D: Courses | | | | | |
| Please confirm which courses you are seeking approval for (please tick). | | | | | |
| Training for Supervisors and Managers on construction sites | | | | | |
| GIRI SM-01: Reducing errors on construction sites – Part one: Supervision Skills | |  | GIRI SM-02: Reducing errors on construction sites – Part two: Planning Skills | |  |
| Training for Designers and Managers of construction interfaces | | | | | |
| GIRI IN-01: Avoiding construction errors at interfaces – Part one: Collaboration | |  | GIRI IN-02: Avoiding construction errors at interfaces – Part two: Designing for construction | |  |
| Training for Leaders in the construction industry | | | | | |
| GIRI LE-01: Strategies to eliminate errors for leaders of construction organisations | |  | GIRI PL-01/ GIRI PL-02: Strategies to eliminate errors for leaders of construction projects (Part one & Part two) | |  |
| Section E: Trainers | | | | | |
| Please provide details of the Trainers you have engaged (or will engage) for delivery. (Please refer to the attached Guidance Notes). | | | | | |
| Trainer Name |  | | GIRI Registration Number |  | |
| National Insurance Number |  | | Date of Birth |  | |
|  |  | |  |  | |
| Trainer Name |  | | GIRI Registration Number |  | |
| National Insurance Number |  | | Date of Birth |  | |
| Section F: Insurance | | | | | |
| Please confirm that you have in place, as a minimum, the following insurances (please provide copies of insurance certificates with your application). | | | | | |
| Insurance Type | Yes/No | | Expiry Date | Copy enclosed (Y/N) | |
| Professional Indemnity (min £2M) |  | |  |  | |
| Employers Liability (min required by law) |  | |  |  | |
| Public Liability (£5M) |  | |  |  | |
| Section G: Quality Assurance | | | | | |
| Please describe your organisation’s approach to internal quality assurance, referring to the attached Guidance Notes to ensure your response addresses each element of the quality assurance requirements (max 500 words). | | | | | |
|  | | | | | |
| Section H: Data Protection | | | | | |
| Please provide the details of the main contact and responsible manager for all issues relating to Data Protection Legislation: | | | | | |
| Name |  | | Job Title |  | |
| Telephone Number |  | | Email Address |  | |
| Section I: Accounts Details | | | | | |
| Please provide the contact details for invoicing of the Scheme Fees (see section 6 of the **Scheme Rules**). | | | | | |
| Name |  | | Job Title |  | |
| Address (if different to the Organisation) |  | | Email |  | |
| Telephone Number |  | |
| PO Number |  | |
| Section J: Declaration | | | | | |
| **I confirm that we have the following policies and procedures in place:**   * Health and Safety Policy * Accident and Emergency Procedure * Safeguarding Policy * Equal Opportunities Policy * Data Protection Policy * Conflicts of interest Policy * Policy for handling complaints * Whistleblowing Policy   **I confirm the information on this form is accurate and complete.**  **I confirm that we are able to meet the Scheme Requirements.**  **I have read and accepted the GIRI Scheme Rules and confirm we are able to meet the Terms and Conditions of the Sub-License Agreement.** | | | | | |
| Name (please print) |  | | Job Title |  | |
| Email Address |  | | Telephone Number |  | |
| Signature |  | | Date |  | |
| Please confirm whether you wish to have your organisation listed as a GIRI Approved Training Provider on the GIRI website (please tick). | | | Yes |  | |
| No |  | |

Please complete and return this form to [rachel.hogarth@getitright.uk.com](mailto:rachel.hogarth@getitright.uk.com)

**Guidance Notes**

**Section A: Training Providers Details**

To be completed by the organisation seeking approval.

Any legal entity can complete this application form. Please confirm the legal status of the organisation i.e. Sole Trader, Partnership, Private Limited company (Ltd) or Limited Liability Partnership (LLP).

**Section B: Training Facilities**

Please provide the address of the main venue to be used for training delivery if different to that of the organisation. Where there is no ‘main’ venue, please leave blank.

Please confirm all venues used will meet the Minimum Venue Requirements (please refer to section 4.1.4 in the **Scheme Rules**).

**Section C: Key Contact**

Please provide the details of the nominated person (the ‘Key Contact’) who will assume responsibility for GIRI Training on behalf of the organisation on a day-to-day basis, and attach a copy of their CV. This key contact must be directly employed (via a contract of employment) or engaged as a sub-contractor / consultant (via a contract for services).

Please explain, in no more than 250 words, how the nominated person meets the requirements of the ‘Key Contact’ (please refer to the ‘Requirements of the Key Contact’ in section 4.1.3 of the **Scheme Rules**).

Please describe the responsibilities of the ‘Key Contact’. This can include: a brief summary; a bullet point list; or a Job Description. Your response should demonstrate that the organisation has adequately delegated the necessary tasks and responsibilities to the ‘Key Contact’, to ensure the organisation continues to meet the Scheme Requirements. If appropriate, an organisational chart can be included, clearly showing the Key Contacts’ main responsibilities in relation to GIRI training administration.

**Section D: Courses**

Please indicate which **GIRI Courses** you are seeking approval to deliver.

Additional courses may be added at a later date (fees will apply).

**Section E: Trainers**

You must normally retain, as a minimum, one GIRI Approved Trainer for each of the GIRI courses you wish to deliver. Please note that Industry Employers who are seeking approval to deliver GIRI SM-01 and GIRI SM-02 and/or GIRI IN-01 and GIRI IN-02 must retain, as a minimum, two GIRI Approved Trainers for each of the courses where the Trainers are working professionals in the construction industry and will deliver the course(s) as ‘peer to peer’ training, delivering as part of a pair of Trainers.

Please provide details of the GIRI Approved Trainers you have engaged (or will engage) for purposes of delivering GIRI Training.

Where the intended Trainers are going through the process of applying for GIRI Approval (and where the GIRI Registration Number is not known) please ensure you provide a National Insurance number and Date of Birth for purposes of identification.

If you have engaged (or will engage) more than two Trainers, please provide full details on a separate sheet and attach to your application.

Additional Trainers may be added at a later date (fees will apply).

**Section F: Insurances**

Please attached copies of the insurance certificates requested (must be current).

If you are not required by law to hold Employers Liability Insurance, please include an explanatory note. Please be aware that Approved Training Providers are responsible for ensuring their employees/subcontractors are covered by the same level of insurance (for further details please refer to the Sub License Agreement).

**Section G: Quality Assurance**

Please explain, in no more than 500 words, how your organisation will:

* Plan and document quality assurance activities throughout the process of delivery
* Ensure the internal quality assurance processes and systems are communicated to the whole delivery team to ensure the standardisation and quality of GIRI Training delivery
* Plan and document update briefings for team members including trainers
* Quality assure training delivery (e.g. via regular sampling of training delivery / tailored support for new Trainers/ monitoring of achievement rates / reviewing delegate feedback etc...)
* Manage risks associated with the delivery process
* Deal with course bookings and administration (in line with GIRI notification requirements)
* Conduct fair End Tests
* Deal with any breaches of your internal quality management systems
* Provide opportunities for continuous professional development for your team members

Please provide copies of any associated processes and systems to help demonstrate your approach to compliance with the GIRI Quality Assurance Requirements.

For further information on GIRI Quality Assurance Requirements, please refer to section 4 of the **Scheme Rules**.

**Section H: Data Protection**

Please provide details of the main contact within the organisation for Data Protection purposes.

**Section I: Accounts Details**

Please provide details of the main contact for purposes of invoicing.

If further information or assistance is required to set up an Account, or if a Purchase Order Number is required, please email: [dawn.wilkinson@giritraining.co.uk](mailto:dawn.wilkinson@giritraining.co.uk)

**Section J: Declaration**

Please confirm you have the required policies and procedures in place. Full details of the Scheme Requirements can be found in section 4.1 in the **Scheme Rules**.

This declaration must be signed by a Director of the organisation (or by an authorized signatory on behalf of the organisation).

To request a copy of the Sub License Agreement, please email [rachel.hogarth@getitright.uk.com](mailto:rachel.hogarth@getitright.uk.com)

Once signed, this form should be sent to [rachel.hogarth@getitright.uk.com](mailto:rachel.hogarth@getitright.uk.com).

Please see below the bank details for payment of the relevant Application Fee. (Please refer to section 6 ‘Scheme Fees’ in the **Scheme Rules**):

Account Name Sort Code Account Number

GIRI Training and Consultancy Limited 08 92 99 69795550