**Application Form for GIRI Approved Trainers**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section A: Applicant Details | | | | | | | | |
| Name |  | | | Email Address | |  | | |
| Home Address |  | | | Telephone Number | |  | | |
| Date of Birth |  | | | NI Number | |  | | |
| Employment Status  (Please tick) | Employed (PAYE) |  | | Employer Name | |  | | |
| Self Employed |  | |
| Section B: GIRI Approved Training Provider Details (Sponsoring Organisation) | | | | | | | | |
| Organisation Name |  | | | Contact Name | |  | | |
| Email Address |  | | | Telephone Number | |  | | |
| Companies House Registration Number |  | | | GIRI Registration Number  (if known) | |  | | |
| Registered Address |  | | | Organisation Type (please tick) | | Employer |  | |
| Training Provider |  | |
| Section C: 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 | | | |  |
| If you are seeking approval to deliver either GIRI SM-01 and/ or GIRI SM-02, please select one of the following options (please tick) | | | | | | | | |
| I am a working professional in the construction industry and will deliver the above course(s) as ‘peer to peer’ training, delivering as part of a pair of trainers. This will be a part-time role in addition to my normal work. | | |  | I am a professional trainer and will deliver the above course(s) as an individual. | | | |  |
| 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 | | | |  |
| If you are seeking approval to deliver either GIRI IN-01 and/ or GIRI IN-02, please select one of the following options (please tick) | | | | | | | | |
| I am a working professional in the construction industry and will deliver the above course(s) as ‘peer to peer’ training, delivering as part of a pair of trainers. This will be a part-time role in addition to my normal work. | | |  | I am a professional trainer and will deliver the above course(s) as an individual. | | | |  |
| 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 D: Application | | | | | | | | |
| Please describe, in no more than 500 words, how you meet the ‘Essential Criteria for all Trainers’ and the Essential Criteria for each of the courses you have selected above (for full details, please refer to section 4.2 of the **Scheme Rules**). | | | | | | | | |
| Section E: Malpractice | | | | | | | | |
| Have you ever had any allegations of malpractice held against you? | | | | Yes |  | No |  | |
| If yes, please provide details: | | | | | | | | |
| Section F: Trainer Training | | | | | | | | |
| Please provide dates of the GIRI Trainer Training course(s) you have attended (or will be attending) and attach any certificates to your application. | | | | Course | | Date | | |
| SM-01-TT | |  | | |
| SM-02-TT | |  | | |
| IN-01-TT | |  | | |
| IN-02-TT | |  | | |
| LE-01-TT | |  | | |
| Section G: Evidence | | | | | | | | |
| Please ensure you attach the following evidence to support your application: | | | | | | | | |
| Evidence Type | | | | | | Copy enclosed (Y/N) | | |
| A verifiable CV | | | | | |  | | |
| Certificates (for any relevant qualifications/training/CPD) | | | | | |  | | |
| Evidence of membership of a professional body (where relevant) | | | | | |  | | |
| Section H: Status | | | | | | | | |
| Please tick one of the following: | | | | | | | | |
| I have been employed/ engaged by the Sponsoring Organisation for a minimum of one year. | | |  | Go straight to ‘Section J: Testimonial’ | | | | |
| I have been employed/ engaged by the Sponsoring Organisation for less than one year. | | |  | Complete ‘Section I: References’ then continue with ‘Section J: Testimonial’. | | | | |
| I am a self-employed, sole trader and I am simultaneously applying to become an Approved Training Provider. | | |  | Complete ‘Section I: References’ then continue with ‘Section K: Declaration’. | | | | |
| Section I: References | | | | | | | | |
| Please provide details of a minimum of two professional references who can verify your occupational skills and experience. (Please note, these should be from corporate email addresses). | | | | | | | | |
| Reference One | | | | | | | | |
| Name |  | | | Organisation | |  | | |
| Address |  | | | Job Title | |  | | |
| Email |  | | | Telephone Number | |  | | |
| Brief description of professional relationship |  | | | | | | | |
| Reference Two | | | | | | | | |
| Name |  | | | Organisation | |  | | |
| Address |  | | | Job Title | |  | | |
| Email |  | | | Telephone Number | |  | | |
| Brief description of professional relationship |  | | | | | | | |
| Please confirm that you consent to GIRI contacting these references to verify your skills/ knowledge and experience and to assess your suitability to become a GIRI Trainer. | | | | | | Yes |  | |
| No |  | |
| Section J: Testimonial (Sponsoring Organisation) | | | | | | | | |
| To be completed by the GIRI Approved Training Provider who is sponsoring this application. | | | | | | | | |
| Please explain, in no more than 250 words, why this applicant is well suited to be a GIRI Trainer and how they meet the ‘Essential Criteria for all Trainers’ and the Essential Criteria for each of the courses they wish to deliver (for full details please refer to section 4.2 of the **Scheme Rules**). | | | | | | | | |
| Please confirm the photo identification provided is a true likeness. | | | | | | Yes / No | | |
| Signature |  | | | Date | |  | | |
| Job Title |  | | | Email Address | |  | | |
| Section K: Declaration | | | | | | | | |
| To be completed by the Applicant | | | | | | | | |
| Please tick to confirm you have attached a copy of one form of photographic Identification. | | | | Yes |  | No |  | |
| Please tick to confirm you have completed, signed and attached the **Trainer Agreement**. | | | | Yes |  | No |  | |
| Please tick to confirm that the information on this form is accurate and complete. | | | | Yes |  | No |  | |
| Signature |  | | | Date | |  | | |

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

**Guidance Notes**

**Section A: Applicant Details**

Please complete all elements of this section. This form can be completed by the Applicant, or by the Approved Training Provider or ‘Sponsoring Organisation’ on the Applicants behalf (the Applicant must confirm the information provided is accurate and complete in ‘Section K: Declaration’).

**Section B: GIRI Approved Training Provider Details (Sponsoring Organisation)**

This section should be completed by the ‘Sponsoring Organisation’ i.e. the GIRI Approved Training provider who is seeking to engage the Trainer for purposes of delivering GIRI training on it’s behalf.

If the Training Provider is in the process of seeking GIRI Approval, please leave the GIRI Registration Number section blank.

**Section C: Courses**

Please select which courses you are seeking approval for.

If you are seeking to deliver GIRI SM-01 and GIRI SM-02, or GIRI IN-01 and GIRI IN-02, please confirm whether you are a working professional in the construction industry (and will therefore deliver GIRI training as ‘peer to peer’ training, as part of a pair of Trainers) or a professional Trainer (and will therefore deliver GIRI training as an individual).

In order to become approved to deliver any Part Two courses (i.e. GIRI SM-02, GIRI IN-02 or GIRI PL-02), you must be approved to deliver the relevant Part One course (i.e. GIRI SM-01, GIRI IN-01, GIRI PL-01).

**Section D: Application**

Please refer to the ‘Criteria for GIRI Approved Trainers’ sections in section 4.2 of the **Scheme Rules** and describe, in no more than 500 words, how you meet;

* the essential criteria for all GIRI Trainers
* the essential criteria for the courses you are seeking approval to deliver

**Section E: Malpractice**

Please provide details of any allegations of malpractice hold against you, to include a brief summary of the alleged malpractice, the parties involved and how this was resolved.

**Section F: Trainer Training**

You must have successfully completed the relevant GIRI Trainer Training Course within the previous 12 months. Please enter the achievement and attach the certificate(s) to your application.

If you have not yet completed the relevant GIRI Trainer Training course, please enter the anticipated date for achievement.

**Section G: Evidence**

Please ensure you have attached all the necessary evidence to your application, or the application will be rejected.

**Section H: Status**

Please confirm your employment status and move on to the relevant section as indicated.

If you have been employed/engaged by your ‘Sponsoring Organisation’ for a minimum of one year, please move to ‘section J - Testimonial’. If you have been employed/engaged by your ‘Sponsoring Organisation’ for less than one year, please complete section ‘I - References’ then continue on to ‘section J – Testimonial’. If you are a self-employed, sole trader and you are simultaneously applying to become an Approved Training Provider, complete ‘section I – References’ then complete ‘section K Declaration’.

**Section I: References**

Please provide details of two professional references we can contact for purpose of verifying your skills and experience.

Please provide a brief description of your current (or previous) professional relationship with the references provided i.e. were they a superior/manager; which organisation or project did you work together on (please include dates).

It would be advisable to seek permission from you references in advance and to advise them we will get in touch to verify your skills and experience.

**Section J: Testimonial (Sponsoring Organisation)**

This testimonial should be completed by a Director or Senior Manager of the Sponsoring Organisation. Please refer to the ‘Criteria for GIRI Approved Trainers’ in section 4.2 of the **Scheme Rules** and explain, in no more than 250 words, why the applicant is well suited to be a GIRI Trainer, and how they meet:

* the essential criteria for all GIRI Trainers
* the essential criteria for the course(s) they are seeking approval to deliver.

Please confirm the photographic identification provided is a true likeness of the applicant.

**Section K: Declaration**

This section must be completed by the applicant and sent to [Rachel.hogarth@getitright.uk.com](mailto:Rachel.hogarth@getitright.uk.com)

Please ensure you have provided a copy of one form of photographic identification (e.g. Driving License, Passport, Identify Card) and that you have completed, signed and returned the ‘Trainer agreement’.

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