

APPLICATION

FOR

FÁS SAFE PASS

TUTOR ACCREDITATION PROGRAMME

Note: In order to allow the processing of your application the following documents must be attached to this form;

- (i) an up-to-date Curriculum Vitae
- (ii) a copy of your Construction and Safety qualifications
- (iii) a copy of all relevant training qualifications
- (iv) Copy of Safe Pass Card
- (v) A valid tax clearance certificate (required for candidates wishing to train on a commercial basis)

Note: Canvassing will disqualify

Safe Pass Tutor Application Form

FÁS Safe Pass Tutor Accreditation Programme Application Form

Please type or print in Block Capitals

Section 1 – Personal Details

Title: (Mr/Ms/Mrs/)	Surname:
Male <input type="checkbox"/> Female <input type="checkbox"/> (Please tick)	Forename(s):
Permanent Address:	Date of Birth:
	Address for Correspondence: (if different)
Telephone No:	Telephone No:
Email address:	
Nationality:	

Section 2 A – Employment Details

Name of Present Employer:		
Address:		
Telephone No:	Ext. No:	Email address:

Employment Details 2.B



Safe Pass Tutor Application Form

School	Address	Attended From	Attended To	Certificates Awarded

Post Second Level

Please give details of any post-leaving certificate (or equivalent), third level, professional or trade qualifications held;

Institution	Attended From	Attended To	Course Title	Result

Section 4

Details of recent Training/Personal Development

Qualifications in Training/Education	Awarding Body	Attended From:	Attended To:	Result

Qualifications in Construction	Awarding Body	Attended From:	Attended To:	Result

Qualifications in Health and Safety	Awarding Body	Attended From:	Attended To:	Result

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Section 5 – Membership of Professional Bodies

<i>Name of Professional Body</i>	<i>Type of Membership</i>	<i>From:</i>	<i>To:</i>

Section 6 – Training Audience

	<i>YES</i>	<i>NO</i>
<i>Do you wish to provide Safe Pass training on a commercial basis?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you only wish to provide Safe Pass training to employees within your company?</i>	<input type="checkbox"/>	<input type="checkbox"/>

<p>REFERENCES</p> <p>NAMES AND ADDRESSES OF TWO REFEREES (PREFERABLY PREVIOUS EMPLOYERS) NOT RELATED TO YOU, WHOM WE MAY CONTACT FOR REFERENCES:</p> <p>NAME: _____ NAME: _____</p>
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Foras Áiseanna Saothair
Training & Employment Authority

Safe Pass Tutor Application Form

JOB TITLE: _____

JOB TITLE: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

YOUR PRESENT EMPLOYER WILL NOT BE APPROACHED WITHOUT YOUR SPECIFIC CONSENT



Safe Pass Tutor Application Form

DECLARATION

I DECLARE THAT THE INFORMATION IN THIS DOCUMENT IS, TO THE BEST OF MY KNOWLEDGE, TRUE IN EVERY DETAIL. I UNDERSTAND THAT FALSE STATEMENTS AND OR CANVASSING MAY LEAD TO DISQUALIFICATION, OR IF APPOINTED, TO TERMINATION AND REMOVAL FROM THE FAS NATIONAL REGISTER OF TRAINERS.

SIGNATURE: _____

DATE: _____

FOR FÁS USE ONLY

Signature: _____

Date: _____

Return to: Project Manager
FÁS Safe Pass Scheme
27-33 Upper Baggot Street
DUBLIN 4

Tel: 01 6070500
FAX: 01 6070618
Email: safepass@fas.ie

Application Checklist:

	Yes	No
(i) Completed application form	<input type="checkbox"/>	<input type="checkbox"/>
(ii) An up-to-date Curriculum Vitae	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A copy of additional Construction and Safety Qualifications	<input type="checkbox"/>	<input type="checkbox"/>
(iv) A copy of additional Training and Educational Qualifications	<input type="checkbox"/>	<input type="checkbox"/>