



Application for Training Registration

P.O. Box 183, LEEDS, LS11 1AG
 Tel: 0845 260 1048 Fax : 0845 260 1049
 E-mail: info@ladderassociation.org.uk
 Website: www. ladderassociation.org.uk

I apply for registration in the Ladder Association Training Scheme in the category and at the level indicated below.

**Please complete
Using block capitals**

Category	Please tick	Level	Please tick
Ladders & Stepladders		User	
		Supervisor / Manager	
		Inspector	
		Instructor	

**Applicant Name
Address**

**Postcode
NI Number
Date of Birth
Signature**

	Course Date	

**Employer Name
Address**

**Postcode
Telephone
Fax
Email**

**Training Centre
Instructor**

	Instructor No.	

Instructor Signature

I verify that the above candidate has satisfactorily completed the training and assessment requirements pertaining to the category and level applied for.		
	Course Date	

Instructor Applications only Please confirm below that the applicant meets the Instructor Criteria

You must attach objective evidence	Verified	For Ladder Association Assessment use only	
Instructional Techniques		Comments	
Health & Safety Training			
Industry Specific Training <i>(Minimum 12 months experience)</i>		Signed(Assessor)	Date.
		Recommend <i>(delete as approp)</i>	DECLINE APPROVE