



# Application for Training Registration

P.O. Box 26970, GLASGOW, G3 9DS  
 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**

*Data Protection*  
 Information supplied by you on this form will be recorded by the Ladder Association as part of our registration and certification process. Such information may be made available to authorised third parties to verify your registration status or as required by law, but will not be used for any other purpose without your permission.

**Postcode  
NI Number  
Date of Birth  
Signature**

	Course Date	
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**Employer Name  
Address**

**Postcode  
Telephone  
Fax  
Email**

**Training Centre  
Instructor**

	Instructor No.	
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I verify that the above candidate has satisfactorily completed the training and assessment requirements pertaining to the category and level applied for.

**Instructor Signature**

	Course Date	
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**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 (Minimum 12 months experience)		Signed(Assessor)	Date.
		Recommend (delete as approp)	DECLINE APPROVE