

## IPAF APPLICATION FORM

Course Type:	OP		D		I	HARNESS	MEWP for Managers	L	Renewal
Category:	3a	3b	3a	3b	Push Around Verticals			Load	

*√ Select Category*

A. CUSTOMER DETAILS				
Company:			Contact Name:	
Company Address:			Email:	
			Telephone No.:	
			Account No.:	
Course Date:			Course Cost / per head:	
B. ON-SITE TRAINING DETAILS (Please complete if training is held somewhere other than the training centre. See Section D.)				
Name of site:				
Site Address:				
Telephone No.:			Postcode:	
Email Address:			Fax No.:	
C. CANDIDATE DETAILS				
Sl. No.	Candidate name			Experience in operating Mobile Elevated Work Platforms (MEWPs) – Yrs.

D. SITE REQUIREMENTS	
<b>Training Room</b>	<ul style="list-style-type: none"> <li>- Parking for the instructor</li> <li>- 240 Volt Power Supply</li> <li>- Table &amp; Chairs for Instructor to set up projector</li> <li>- Wall suitable for projection</li> <li>- Adequate ventilation</li> <li>- Pens and Paper</li> <li>- Toilet Facilities</li> <li>- Interpreter (if required)</li> </ul>
<b>Equipment</b>	<ul style="list-style-type: none"> <li>- Fully certified (6 month LOLER inspection certificate)</li> <li>- Fully maintained</li> <li>- Clearly visible control panel(s)</li> <li>- Manufacturer's instruction manual present</li> <li>- Suitable harness anchor points</li> <li>- Keys available</li> </ul>
<b>Practical Training Area</b>	<ul style="list-style-type: none"> <li>- Cordoned-off area for practical training (should be adequate for Mewps training)</li> <li>- Area must be free of debris and overhead hazards e.g. craneage</li> <li>- The training area must be available for the whole afternoon without interruption and be quiet so the instructor can be heard</li> </ul>
<b>Trainees</b>	<ul style="list-style-type: none"> <li>- Provide Home Address</li> <li>- Date of Birth</li> <li>- Any previous PAL (powered access licence) Card</li> </ul>
<b>PPE required by Trainees</b>	<ul style="list-style-type: none"> <li>- Hard Hat</li> <li>- Safety Boots</li> <li>- High visibility vest/ jacket</li> <li>- Full Body restraint harness and lanyard (<i>Course Dependant</i>).</li> </ul>
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>- Risk Assessment to be carried out for the practical training area</li> <li>- identification of adequate First Aid facilities</li> </ul>

#### E. DECLARATION

We confirm that all the facilities and or equipment as requested are available. If it is necessary to cancel any training course as a result of the above requirements not being met, for example any trainees that have a problem working at height, literacy, medical conditions or are unable to bring the correct PPE items, we accept that there will be a cancellation fee payable, which could be up to the full cost of running the course.

NAME: : \_\_\_\_\_ POSITION : \_\_\_\_\_

SIGNATURE: : \_\_\_\_\_ DATE : \_\_\_\_\_