



# SCOTTISH ELECTRICAL CHARITABLE TRAINING TRUST

## SJIB ADULT TRAINING SCHEME REGISTRATION FORM

Please complete in BLOCK CAPITALS and BLACK INK

Return to:

S.E.C.T.T. THE WALLED GARDEN, BUSH ESTATE, MIDLOTHIAN EH26 0SE

Tel: 0131 445 5659 E-mail: [admin@ssectt.org.uk](mailto:admin@ssectt.org.uk) Web site: [www.ssectt.org.uk](http://www.ssectt.org.uk)

The Scottish Electrical Charitable Training Trust is registered under the 1998 Data Protection Act and all information provided will be used only for the purpose of managing the Adult Training Scheme  
SCOTTISH CHARITY No: SC 001806



### DETAILS OF CANDIDATE

Surname	<input type="text"/>	Forenames	<input type="text"/>
Address	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>	Sex	<input type="text"/> M / <input type="text"/> F
	<input type="text"/>	Minimum Age 22	Age <input type="text"/>
Postcode	<input type="text"/>	N.I. Number	<input type="text"/>
E-mail	<input type="text"/>	Telephone No. <small>(Include Direct STD Code)</small>	<input type="text"/>
		Mobile Tel. No.	<input type="text"/>

### EDUCATION AND EMPLOYMENT HISTORY (ELECTRICAL)

#### QUALIFICATIONS


#### EMPLOYMENT DETAILS – ELECTRICAL (12 Months relevant site experience required)

NAME	TYPE OF WORK	POSITION	FROM	TO

### PREVIOUS TRAINING

Have you previously participated in a Skillseeker / MA programme and achieved / part achieved a Level 2 or Level 3 qualification?  Yes / No\*

If 'Yes' please give a brief description

### HEALTH

Have you any history of illness or allergies which could affect you working in the Electrical Contracting Industry, particularly at height on scaffolding or ladders, or near dangerous machinery?  Yes / No\*

If 'Yes' please give a brief description

#### FOR SECTT USE ONLY

ASSESSMENT  COLOUR  RESULT

**Evidence of work carried out by prospective Adult Trainee**

**Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Complete each section below giving as much detail as possible**

Locations	Description	Date
	<b>PVC Sheathed wiring System</b>	
	<b>Conduit</b>	
	<b>Trunking</b>	
	<b>Wire Armour</b>	

**Evidence of work carried out by prospective Adult Trainee**

**Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Complete each section below giving as much detail as possible**

Locations	Description	Date
	<b>Mineral Insulated Metal Sheathed cable (MIMS)</b>	
	<b>Cable tray Systems</b>	
	<b>Circuit Types</b>	
	<b>Other</b>	

**Record of qualifications achieved by prospective Adult Trainee**

**Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

Qualification	Date

**(Please enclose all of your certificates with this application. All originals will be returned.)**

## APPLICANT SUPPORT

SECTT wishes to assist and support all applicants with their Pre-employment Assessment. Please give details of any support needs you may have (e.g. dyslexia, learning difficulties, etc.) and if necessary SECTT will make suitable arrangements in a sympathetic and confidential manner.

This information will not affect your application for the SJIB Adult Training Scheme.

**SECTT believe in equal opportunities and may need to tailor the Assessment to meet the needs of the individual.**

## EQUAL OPPORTUNITIES

We need to be sure that our equal opportunities policy is being carried out. Please help us by marking the appropriate number that applies to you.

- 1 White. All white people regardless of country of birth.
- 2 Black. People of African/Caribbean descent. Not Whites or Asians born in Africa or the West Indies.
- 3 Indian Sub-Continent descent. People of Indian, Pakistani, Bangladeshi or Sri Lankan descent including those born elsewhere, e.g. Britain or Africa.
- 4 None of the above. People of, for example, Chinese, Vietnamese descent and people of mixed race.

**THIS INFORMATION IS NOT USED IN OUR SELECTION DECISION**

I confirm that the information on this form is correct to the best of my knowledge and belief.

Applicant's signature

Date  /  /

## APPROVAL BY EMPLOYER

The above named employee is aged 22 years or over, has at least 12 months relevant electrical experience and will be supervised for the period of training.

I confirm that the above named employee may be registered on the SJIB Adult Training Scheme and that I will abide by the conditions set out in that Scheme.

In order for us to contact you regarding this application, please complete the following section as fully as possible.

Company Name	<input type="text"/>		
Company Stamp/Address	<input type="text"/>		
	<input type="text"/>		
Post Code	<input type="text"/>	Tel. No.	<input type="text"/>
Contact Name	<input type="text"/>	Fax No.	<input type="text"/>
Designation	<input type="text"/>	Mobile No.	<input type="text"/>
E-mail	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

**PLEASE ENSURE THE SKILL RECORD IS COMPLETE BEFORE SIGNING AND SUBMITTING TO SECTT**