

Trainer application form

To be completed by new trainers

Please email the completed form to: businesssupport@iosh.com

or post it to: Business Service Centre, IOSH, The Grange, Highfield Drive, Wigston, Leicestershire, LE18 1NN, UK

All new trainers of IOSH courses will need to have at least Technical membership of IOSH (a safety and health qualification is required) and have up-to-date CPD.

A minimum of an adult training qualification at level 3 on a regulated qualifications framework (RQF) OR successful completion of the IOSH *Train the Trainer* course is also required, as well as two years' substantial, face-to-face, training delivery experience. Where a sector-specific qualification or experience is required, we will obtain these details from your membership record.

Trainers for our *IOSH Level 3 Certificate in Safety and Health for Business* and senior level courses must be able to provide evidence of their experience, knowledge and training skills. They must have significant business leadership experience or a business qualification at level 5 or equivalent and this must be demonstrated in their CV.

If you have more than one new trainer, please copy this trainer application form.

Please fully complete the fields below. All trainers must be able to provide evidence of their experience and qualifications. Any information provided to support an application will be verified – so by providing this information the trainer is consenting to us contacting the third parties.

Name of trainer		Date completed
Lead Trainer Assessor (<i>IOSH Level 3 Certificate in Safety and Health for Business</i> only) (please tick box if this applies) <input type="checkbox"/>		
Training provider's name		
Training provider's address		
		Postcode
Phone	Email	
Mobile	IOSH membership number	
		IOSH membership category

Courses you want to deliver

IOSH-produced training courses

- IOSH Level 3 Certificate in Safety and Health for Business* *Leading Safely* *Managing Safely*
 Managing Safely Refresher *Working Safely* *Environment for Business* *Fire Safety for Managers*
 Fire Safety Awareness *Managing Safely Arabic* *Working Safely Arabic*
 Managing Occupational Health and Wellbeing

IOSH approved training courses

Course title (please state)

Trainer application form continues on the next page.

Qualifications and experience

Training qualifications	Date(s) achieved
_____	_____
_____	_____
_____	_____
_____	_____

Training experience (course title)	Tick if classroom-based	Company	Dates		
			From	To	Frequency
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

Business qualifications	Date(s) achieved
_____	_____
_____	_____
_____	_____
_____	_____

Business experience	Company	Dates	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In order to aid the approval process, please include your trainer’s CV.