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|  | ***APPLICATION TO ACT AS AN APPROVED TRAINING PROVIDER***  ***Workplace Safety & Health Order, 2009 (Section 31)*** | DOC NO.:  **SHENA/NIND/6.1 (REV.1)**  MAY 2020 |

*Only one copy of this form is to be submitted. Please complete all items in this form. Use a separate sheet to provide the information if the space provided is not sufficient. All information obtained for this application will be held with strict confidentiality.* ***Incomplete submission will be automatically rejected.***

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| I. | **APPLICANT BASIC INFORMATION**  *This applicant will be the focal person for any matters related to approval to act as a training provider* | |
| APPLICANT NAME | |  |
| POSITION/ DESIGNATION | |  |
| CONTACT NO. | |  |
| EMAIL ADDRESS | |  |

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| II. | **TRAINING PROVIDER BASIC INFORMATION** | | | | | |
| TRAINING PROVIDER NAME | |  | | | | |
| TYPE OF ORGANISATION | | Partnership |  | Private Company |  | Others: |
| REGISTERED/ MAILING ADDRESS | |  | | | | |
| LOCATION ADDRESS OF TRAINING PROVIDER | | *FOR THEORY SESSION* | | | | |
|  | | | | |
| *FOR PRACTICAL SESSION* | | | | |
|  | | | | |
| CONTACT NO. | |  | | | | |
| EMAIL ADDRESS | |  | | | | |
| NAME OF MANAGING DIRECTOR | |  | | | | |
| CONTACT NO. | |  | | | | |

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| III | **LEVEL AND CATEGORY OF TRAINING COURSE PROVIDED/ HSE-RELATED CONSULTANCY SERVICE** | | | | | | | | | | | | | | |
|  | a) LEVEL OF TRAINING COURSE PROVIDED | | Degree | |  | Diploma | | |  | Certificate | | | | |  |
|  | b) CATEGORY OF TRAINING COURSE AVAILABLE IN YOUR TRAINING ORGANISATION | | | | | | | | | | | | | | |
| Material Handling (*e.g.* *Crane, Excavator, Rigging, Forklift, Manual Handling, etc.*) |  | | Occupational Health & Safety  (*e.g. IOSH, NEBOSH, etc.*) | | |  | Permit to Work | | | | | | |  |
| Working at Height/ Scaffolding |  | | Fire Fighting | | |  | Oil and Gas Related  (*e.g. OPITO IMIST, etc.*) | | | | | | |  |
| Hot Work (*e.g.* *Welding, brazing & etc.*) |  | | Occupational First Aid | | |  | Chemical Handling | | | | | | |  |
| Offshore Survival |  | | Environmental | | |  | Maritime | | | | | | |  |
| Defensive Driving |  | | Electrical | | |  | Confined Space | | | | | | |  |
| Food Safety |  | | Blaster Painter | | |  | Marker Fitters | | | | | | |  |
| Others (please specify): | | | | | | | | | | | | | | |
| c) DO YOU PROVIDE HSE-RELATED CONSULTANCY SERVICE? | | | | | | | | | | Yes |  | No |  | |
| d) IF **YES**, WHAT CONSULTANCY SERVICE DO YOU PROVIDE? | | | | | | | | | | | | | | |
| General HSE |  | | Safety Management System | | |  | Technical HSE | | | | | | |  |
| Risk Assessment |  | | Scaffolding | | |  | HSE Auditing | | | | | | |  |
| Process Safety |  | | Emergency Response | | |  | Others (please specify): | | | | | | | |

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| IV. | **TRAINING PREMISES & FACILITIES INFORMATION** | | | | | | | | | |
|  | a) DO YOU HAVE A PREMISES FOR YOUR TRAINING COURSE? | | | | Yes | | |  | No |  |
| b) IF **YES**, TYPE OF PREMISES *(Photograph evidence to be provided)* | | | | | | | | | |
| Campus building of educational institution |  | Office Complex |  | | Others (please specify): | | | | |
| Shop House/ Commercial Establishment |  | Private House |  | |  | | | | |
| c) TEACHING EQUIPMENT *(Tick if present in your training premises)* | | | | | | | | | |
| White Board |  | Flipchart | |  | | Others (please specify) : | | | |
| Marker Pens |  | Lecture Notes | |  | |
| Projector |  | Laptop | |  | |
| e) LIST OF TRAINING/ PRACTICAL EQUIPMENT *(Photograph evidence to be provided if necessary)* | | | | | | | | | |
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| V. | **LIST OF TRAINING COURSE(S) OFFERED** | |
| TOTAL NO. OF TRAINING COURSE(S) | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **NO** | **NAME OF TRAINING COURSE** | **STANDARD FOLLOWED** | **MODE OF DELIVERY**  *(THEORY/ PRACTICAL/ BOTH)* | **DURATION** | **MEDIUM OF INSTRUCTION** *(LANGUAGE)* | **ACCREDITATION OR CERTIFICATION**  *(IF ANY)* | **MAXIMUM PARTICIPANT NO. PER COURSE SESSION** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

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| VI. | **DETAILS OF TRAINING INSTRUCTOR/TRAINERS** | |
| NO OF TRAINING INSTRUCTOR(S) OR TRAINER(S) | |  |

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| **NO** | **FULL NAME** | **PASSPORT/ IDENTITY CARD NO.** (COLOUR) | **DATE OF BIRTH**  (XX/YY/ZZZZ) | **QUALIFICATION** | | **WORK EXPERIENCE** | | **TRAINING/COURSE TAUGHT** |
| **ACADEMIC** | **PROFESSIONAL** | **NAME OF COMPANY** | **DURATION** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
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| VII. | **DETAILS OF ASSESSOR** | | | | | | |
| DO YOU HAVE A DESIGNATED ASSESSOR FOR YOUR TRAINING COURSE? | | YES |  | NO |  | NO OF ASSESSOR(S) |  |

IF YES, YOU MAY FILL THE DETAILS BELOW

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO** | **FULL NAME** | **PASSPORT/ IDENTITY CARD NO.** (COLOUR) | **DATE OF BIRTH**  (XX/YY/ZZZZ) | **QUALIFICATION** | | **WORK EXPERIENCE** | | **TRAINING/COURSE ASSESSED** |
| **ACADEMIC** | **PROFESSIONAL** | **NAME OF COMPANY** | **DURATION** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
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| VIII. | **DETAILS OF VERIFIER** | | | | | | |
| DO YOU HAVE A DESIGNATED VERIFIER FOR YOUR TRAINING COURSE? | | YES |  | NO |  | NO OF VERIFIER (S) |  |

IF YES, YOU MAY FILL THE DETAILS BELOW

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO** | **FULL NAME** | **PASSPORT/ IDENTITY CARD NO.** (COLOUR) | **DATE OF BIRTH**  (XX/YY/ZZZZ) | **QUALIFICATION** | | **WORK EXPERIENCE** | | **TRAINING/COURSE VERIFIED** |
| **ACADEMIC** | **PROFESSIONAL** | **NAME OF COMPANY** | **DURATION** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
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**SUPPORTING DOCUMENTS**

In order to expedite your application, please ensure that all supporting documents (as relevant) in the list below are attached along with the completed application form. Training provider is encouraged to create a specific folder for each of the sections below.

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|  | | **CHECKLIST** |
| **A. BUSINESS PROFILE** | | |
| 1 | Summary of Company Background |  |
| 2 | Company Organisation Chart |  |
| 3 | Company Registration Certificates |  |
| 4 | List of Directors / Owners |  |
| 5 | Copies of Letter of Appointment for Full Time Staff |  |
| 6 | Company HSE Policy |  |
| **B. TRAINING COURSE & CERTIFICATE AWARDING** | | |
| 1 | Course plan and content |  |
| 2 | Sample Copy of theoretical and practical assessment |  |
| 3 | Copy of course evaluation form/ feedback form for candidates |  |
| 4 | Copy sample of the Certificate Awarded to Successful Candidate |  |
| 5 | Guidelines / Process of Giving Out Certifications |  |
| **C. INSTRUCTOR/ TRAINER, ASSESSOR & VERIFIER** | | |
| 1 | Curriculum Vitaes |  |
| 2 | Copy of Academic Certificates |  |
| 3 | Copy of Relevant Professional Certificates (*e.g.* *train the trainer, teaching certificate, etc.)* |  |
| 4 | Copy of Relevant Safety and Health Training Certificates |  |
| **D. TRAINING PREMISES, FACILITIES AND EQUIPMENT** | | |
| 1 | Photographs and Layout Plan of Training Premises/Facilities |  |
| 2 | Photographs and Layout Plan of the Practical Training Area |  |
| 3 | List and Photographs of Equipment for Practical Session |  |
| 4 | Certification of Any Equipment Used During Practical Training |  |
| **E. EMERGENCY PROCEDURES** | | |
| 1 | Emergency Evacuation Layout Plan |  |
| 2 | Emergency Communication Plan |  |
| 3 | Photographs of Emergency Equipment (*e.g.* *Fire Extinguisher [with inspection tag], Fire Alarm, Fire Hose Reel [if applicable], First Aid Box, etc*.) |  |
| 4 | List of fire marshal/ first aider (with certificates) |  |
| 5 | Insurance Cover (for premises) |  |
| 6 | Copy of company HSE Induction |  |

**DECLARATION**

I, declare that all particulars and information provided in this application and the documents attached here to are true to the best of my knowledge and belief, and I understand that the Safety, Health and Environment National Authority (SHENA) reserves the right to reject this application if, at any stage, the information provided is false and incorrect. Should verification be required on any information provided in this application, I hereby authorise SHENA to carry out the necessary investigations.

COMPANY STAMP

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|  | **Applicant’s signature**  **Name**  **Designation** |  |

**FOR SHENA USE ONLY**

*I approve / disapprove the company to act as an Approved Training Provider.*

**REMARKS:**

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**REF NO: SHENA / NIND / 7.**

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|  | **Approval Signature**  **Name**  **Designation** |  |