**TUTOR REGISTRATION FORM**

PLEASE NOTE: This form should only be completed when adding new/current members of staff to courses that your centre is already approved to deliver. Please return your completed form to [skills@thefis.org](mailto:skills@thefis.org)

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| --- | --- |
| SECTION ONE: SPONSORING TRAINING PROVIDER | |
| Training Provider Name: | |
| Key Contact: | Training Provider Centre No: |
| Key Contact Email Address: | Key Contact Telephone Number: |
| SECTION TWO: TUTOR DETAILS | |
| Name of Tutor: | |
| Date of Birth: | Registration Number (C-Skills Applicable) |
| Tutor Email Address: | Tutor Telephone Number: |
| Tutor Residential Address: | |
| SECTION THREE: TUTOR REGISTRATION | |
| Is the Tutor above currently registered with any other training providers?  Delete as appropriate YES NO  If yes, please provide the training provider name(s): | |
| 1 | 6 |
| 2 | 7 |
| 3 | 8 |
| 4 | 9 |
| 5 | 10 |
| SECTION FOUR: MALPRACTICE CASES | |
| Have you ever had an allegation of malpractice held against you?  Delete as appropriate YES NO  If YES, please use the box below to provide further details | |
|  | |
| SECTION FIVE: PLEASE LIST ALL COURSES & QUALIFICATION LEVEL THE TUTOR WILL UNDERTAKE | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| Please ensure all supporting evidence for the tutor delivering the course(s) as selected above is held on centre file. | |
| SECTION SIX: Please list below any professional memberships held by the tutor: | |
|  | |
| SECTION SEVEN: Please confirm the following: | |
| I already hold an eligible PTLLS qualification or equivalent and a copy of my certificate is held on file  Delete as appropriate YES NO | |
| I am already registered as a Site Safety Plus tutor and registered prior to 31 December 2007 and am therefore exempt from this requirement  Delete as appropriate YES NO | |
| Please list any other relevant qualifications and awards the tutor holds: | |
| I confirm the training provider in Section 1 holds a copy of the tutors’ current CV and CPD on file, which demonstrates and contains all required evidence of experience, qualifications and membership to meet the tutor delivery criteria of all courses selected in Section 3.  This should be made available upon request to FIS SKILLS  Delete as appropriate YES NO | |
| DATA PROTECTION STATEMENT  Please read thoroughly prior to signing. | |
| **FIS SKILLS is part of THE FINISHES AND INTERIORS SECTOR LTD**  **(Reg No: 3403977)FIS SKILLS will use your personal data. Your personal data is your contact details and any information we obtain directly from you or from third parties or as a result of our relationship with you, but we will not otherwise pass your personal data to third parties for marketing purposes.**  **You have a right to request a copy of the personal data we hold about you and to correct any inaccuracies in your information.** | |
| **I confirm, as a tutor, I have read and understood the current Code of Conduct Rules Declaration (to be signed by centre Director/Principal/Owner) If approved, I confirm that:**  **• I will tutor the scheme in accordance with the current rules.**  **• I will be authorised to tutor on behalf of the training provider mentioned in Section 1 only those courses specified on my certificate.**  **• I hereby give permission for FIS SKILLS to enter and share my details on internal information systems.**  **• The information given by me in this tutor application is true and correct to the best of my knowledge.** | |
| **Tutors Name (PRINT)** | **Tutors Signature** |
| **Signature on behalf of Training Provider** | **PRINT NAME** |
| **Position Held** | **Date** |

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