

Trainer Application Form

Trainer information

Mandatory fields are denoted with an (*).

*First name:	*Last name:
Job title:	*Year of birth:
Address:	
*Telephone:	Fax:
*Email:	

Training provider information

Is training provider information the same as Trainer information? Yes No

If the answer is yes, please skip to next section. If the answer is no, please have training provider complete the rest of the application. Mandatory fields are denoted with an (*).

*Training provider name:	
*Contact first name:	*Contact last name:
Job title:	*Email:
Address:	
*Telephone:	Fax:

Applicable Certification Training Standard

WorkplaceNL has developed the following Certification Training Standards. Please select the standard you are applying to instruct, and write the name of your curriculum developer beside. WorkplaceNL supplies the curriculum for MSIP, OHS Committee, PLH, SHS, and TCP.

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Confined Space Entry (CSE) | Curriculum developer: |
| <input type="checkbox"/> Fall Protection (FP) | Curriculum developer: |
| <input type="checkbox"/> First Aid (FA) | Curriculum developer: |
| <input type="checkbox"/> Introductory Mines Rescue (MRCT) | Curriculum developer: |
| <input type="checkbox"/> Musculoskeletal Injury Prevention (MSIP) | Curriculum developer: WorkplaceNL |
| <input type="checkbox"/> OHS Committee | Curriculum developer: WorkplaceNL |
| <input type="checkbox"/> Power Line Hazards (PLH) | Curriculum developer: WorkplaceNL |
| <input type="checkbox"/> Supervisor Health & Safety (SHS) | Curriculum developer: WorkplaceNL |
| <input type="checkbox"/> Surface Attendant (Diving Operations) | Curriculum developer: |
| <input type="checkbox"/> Traffic Control Person (TCP) | Curriculum developer: WorkplaceNL |

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Note: Trainers must be assigned to an approved curriculum before they will be eligible for assessment.

Submission requirements

The following documents must accompany your application. They must either be in Microsoft Word (.doc/.docx) or PDF (.pdf) format. An application will not be processed for review unless **ALL** required documentation is submitted.

- Trainer Application Form – completed in full
- Resume – outlining pertinent work, education and adult training experience.
- Copies of applicable certificates proving education and training requirements as outlined in the applicable standard.
- Signed copy of Trainer Code of Ethics

Please forward complete application to: ohs.training@workplaceni.ca

Please send any questions or concerns about your application to ohs.training@workplaceni.ca or call 709.778.1563.