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| **Fire Industry Competence Form BAFE SP101 Qualifying Manager** |
| This form is confidential when completed  Please answer ALL questions using CAPITALS (If an entry is not applicable insert ‘NO’ or ‘N/A’) |

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| Section 1 Personal Information | | | |
| Surname (family name) |  | Title (Mr/Mrs/Miss/Ms/other) |  |
| All Forenames |  | | |

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| Section 2 Current Employment | | | |
| Name of company |  | | |
| Address |  | | |
| Post code |  | Your office email |  |
| Telephone number |  | Reporting to |  |
| Current job title |  |  | |
| Date employment commenced | Click here to enter a date. |

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| Section 3 Qualifications |
| List vocational, trade, apprenticeship or professional qualifications |
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| Section 4 Summary of relevant training |
| Note: The purpose of this summary is to demonstrate the extent and nature of the Qualifying Manager training in Contract Fire Maintenance of Extinguishers. This should make reference to relevant British Standards, Codes of Practice, etc. |
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| Section 5 Summary of relevant industry experience |
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| **Have continuation sheets been attached?** | No | Yes |
| If YES, please state the number of sheets |  | |

*Please see next page for Declaration*

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| Declaration |

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| For the purposes of compliance with current data protection legislation and generally, I acknowledge and certify as follows: | |
| 4.1 | I have completed this form myself and all the information is correct; |
| 4.2 | I acknowledge that the information and data set out in this form is required by NSI in connection with and for the purposes of the appraisal by NSI for an application for approval or continuation of approval; |
| 4.3 | I consent to the processing by NSI of the information and data contained in this form for the purposes set out in 4.2 above; |
| 4.4 | I agree that NSI (or any agency appointed by it) may make any enquires in relation to this information and data for the purposes of verifying it; |
| 4.5 | I agree that NSI may disclose the information and data contained in this form for any purpose in connection with this application for approval or continuation of NSI Approval, or in connection with any other application for Approval or request for continuation of Approval. |
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| Signature | Name in full | Date |
|  |  | Click here to enter a date. |

**Please submit this form by email to:** [**applications@nsi.org.uk**](mailto:applications@nsi.org.uk) **or your NSI Head Office contact**