



## PRI QUALIFICATION PROGRAM APPROVED TRAINING PROVIDER APPLICATION FORM

### GENERAL INFORMATION:

Form Submission Date:	
Name of person filling out form:	
Email of person filling out form:	

### 1.0 EXTERNAL ACCREDITATION/APPROVAL/ACCEPTANCE

**Do you have accreditation from another Accrediting Agency?**

- ☐ Yes *(please fully continue to complete Section 1.0)*  
☐ No *(please move to Section 5.0)*

Name & Location of Third-Party Accrediting Agency	Scope of Accreditation

### 2.0 TRAINING PROVIDER DETAILS

Company Name:	
Address:	
Telephone:	
Email:	
Website:	
Contact Name: <i>(Person appointed to liaise with PRI)</i>	
Contact Address: <i>(If different from company address)</i>	
Position:	
Telephone:	
Email:	
Name of Course Administrator:	

### 3.0 GENERAL INFORMATION

**What is the main business activity of your company?**

--

Please provide a brief description of your organization's experience in delivering professional training courses:

List the languages the courses are to be delivered in: \*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

*\*Please provide proof in the form of a separate attachment of accredited translation for each translated course listed above.*

#### 4.0 TRAINING COURSE INFORMATION

Please list the name(s) of the Training Courses(s) for which you are seeking approval and the reference number of the corresponding *PRI Qualification<sup>SM</sup> Program* Body of Knowledge:

*(State exact name of the Training Course(s), as well as the BoK reference number it will support)*

Exact Name of Training Course	PRI Qualification <sup>Program</sup> Body of Knowledge Reference Number

Please indicate which training course quality assurance procedures you have in place:

- ☐ Formal Student Feedback
- ☐ Internal Course Delivery Auditing
- ☐ External Course Delivery Auditing – please specify auditing body/organization:

#### 4.1 TRAINING COURSE OUTLINE

Please provide a Training Course Curriculum outline, including subject headings.

Example:

**Training Course Title:**

1.Course Curriculum Subject 1

a. Sub-heading 1.1

b. Sub-heading 1.2

2.Course Curriculum Subject 2

a. Sub-heading 2.1

b. Sub-heading 2.2

3.Course Curriculum Subject 3

a. Sub-heading 3.1

b. Sub-heading 3.2

#### 5.0 DELIVERY OF PRACTICAL TRAINING

**Do the training course(s) include any practical training?**

☐ Yes (*please fully complete Section 5.0*)

☐ No (*please move to Section 6.0*)

**Address of the facilities(s) where practical training is delivered:**

**For each facility, how many square feet/meters are dedicated to practical training? [Please provide this information on a room by room basis. Additional detail regarding specific equipment will be requested in section 6.0]**

**Please describe the practical capabilities of the training facility or facilities:**

Please detail any site specific safety incidents which have occurred during the provision of this training course(s) or similar training courses at your facilities in the past 2 years.

Is the training course(s) ever delivered 'offsite' (i.e. not in a facility owned by the Training Provider)?

- ☐ Yes (please fully continue to complete Section 5.0)  
☐ No (please move to Section 6.0)

Please provide the guidance and requirements issued to the offsite facilities where the training course(s) will be conducted.

Please detail any site specific safety incidents which have occurred during the provision of this training course(s) or similar training courses at 'offsite' locations in the past 2 years.

## 6.0 GENERAL TRAINING PROVIDER INFORMATION

Please provide copies of the following items:

### Training Materials: (please attach documents)

- ☐ An English language copy of the written materials provided in support of the training course(s)  
☐ A Training Course Outline as detailed in Section 4.1 of the PRI Qualification Program Approved Training Provider Application Form

### Facilities Information:

- ☐ Facility safety information and procedures [provide copies of any internal safety procedures, such as fire safety procedures]

### Student Feedback: (please attach documents)

- ☐ A sampling (maximum of 20) of feedback from students who have completed the training course(s) in the last 6 months.

### Instructor Information: (please attach documents)



- ☐ A list of all instructors who will teach the training course(s)
- ☐ A one-page resume for each instructor who will teach the training course(s) to include:
  - Specialist knowledge and experience relevant to the BoK
  - Experience as an instructor
  - Records on the training and/or familiarization on course material for instructors

**Practical Training (if applicable):**

- ☐ Proof of adequate resources i.e. equipment, tools, materials, etc. to consistently deliver the training course(s) in accordance with the BoK and established industry safety requirements.
- ☐ Proof of sufficient maintenance activities to ensure all training equipment and facilities are safe and fit for purpose. Must include:
  - ☐ A current listing of facilities and equipment used for the delivery of the training course(s) [please include this on a room by room basis]
  - ☐ Facility and equipment maintenance plans [please include maintenance information for all equipment listed]
  - ☐ Environmental health and safety procedures [provide copies of any internal procedures for maintaining a safe training environment, such as ventilation procedures, safe storage and disposal of chemicals, and adherence to any process specific safety standards]

***Applicants may be subject to on-site visitation to evaluate the facilities for practical training. This will be determined by the appropriate PRI Qualification Program Review Board following assessment of the application.***