



Eligibility checklist - Heat Training Grant - Heat Pumps

Completed checklist to be submitted to the Certification Body (copy to OFTEC) with candidate's completed assessment paperwork

SECTION 1		CANDIDATE DETAILS					
Title (Mr, Mrs, Miss etc.)			First Name			Surname	
Address:							
Postcode				NI Number			
Telephone No.				Mobile No.			
Self-employed? (please tick)		Yes		No		Unemployed	
Business name (if not self-employed or unemployed)							
Number of employees (please tick)		1 - 250			Over 250 - NOT ELIGIBLE FOR GRANT		
Have you or your employer received £315,000 or more in Government subsidies over the past three years? (please delete as necessary)				No	Yes - NOT ELIGIBLE FOR GRANT		

SECTION 2		WORK EXPERIENCE / QUALIFICATIONS	<i>Please tick A or B</i>
A	Applicants in this category are regarded as holding a nationally recognised qualification and/or registration in a trade associated with heating and/or plumbing work for a period of not less than two years. Candidates must provide evidence of relevant qualifications and / or registration to support entry.		OR
B	Must provide written evidence to the Assessment Centre confirming that the candidate has 'on the job' heating installation and/or maintenance experience for a period of not less than two years, that would support their application for the range of assessments to be undertaken and evidence of ongoing continual professional development. Applicants must provide evidence of this related experience to the Assessment Centre. The evidence must consist of, as a minimum, the following: <ul style="list-style-type: none">• Name and address of the business(s) providing the related experience.• The types of related work undertaken.		
	Candidates must undertake heat pump training at an OFTEC Approved Training Centre prior to accessing the OFTEC assessments. This training will be provided impartially by the Approved Training Centre.		

For Design course only OFT21-504D

Is the candidate also completing an installation course either OFT21-504A or OFT21-504G? Please tick

OFT21-504A		OFT21-504G		Neither (Not eligible for grant)		
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SECTION 3	ELIGIBILITY DETAILS																						
<p>Details of qualifications held (section 2A) or training/work experience undertaken showing location(s) and duration (section 2B):</p> 																							
<p>I confirm that the candidate or their business is registered with one or more of the following (please enter registration number):</p> <table border="1"> <tr> <td>APHC</td> <td></td> <td>BESCA</td> <td></td> <td>Blue Flame Certification</td> <td></td> </tr> <tr> <td colspan="2">Gas Safe Register</td> <td colspan="2">Certsure / NICEIC</td> <td>HETAS</td> <td></td> </tr> <tr> <td>NAPIT</td> <td></td> <td>OFTEC</td> <td></td> <td>STROMA</td> <td></td> </tr> </table>						APHC		BESCA		Blue Flame Certification		Gas Safe Register		Certsure / NICEIC		HETAS		NAPIT		OFTEC		STROMA	
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<p>I confirm that the candidate holds current and valid certificates for:</p> <table border="1"> <tr> <td>Water Regulations</td> <td></td> <td>Unvented Hot Water</td> <td></td> </tr> </table>						Water Regulations		Unvented Hot Water	
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SECTION 4	EMPLOYER DECLARATION - to be completed by the candidate's employer (only if section 2B applicable)				
<p>I confirm that the above-named individual has worked under supervision and that the areas of work detailed in Section 3 have been undertaken by the applicant.</p>					
Name:			Signature:		
Date:			Telephone Number:		

SECTION 5	CANDIDATE DECLARATION - to be completed by all candidates				
<p>I confirm that the details I have provided are to the best of my knowledge and belief true and complete. I understand that any Certificates of Achievement awarded may later be withdrawn if any information is found to be incorrect, false or incomplete.</p>					
Candidate Signature:				Date:	

SECTION 6	DECISION OF THE CENTRE				
<p>I confirm that I have viewed the evidence referred to in sections 2, 3 and 4 and have carried out verification of the details provided.</p>					
<p>ELIGIBILITY CONFIRMED YES* / NO* <i>*delete as applicable</i></p>					
Name:			Signature:		
Centre Name:			Date:		
UKPRN number					