

## NCC Operative Learner Questionnaire

\*\*\*\*\* DATA PROTECTION STATEMENT \*\*\*\*\*  
\*\*\*\*\* PLEASE READ CAREFULLY \*\*\*\*\*

The information you provide for this profile will be held securely within CITB

**This information may be used by CITB:**

- to help determine which NVQ route and level you pursue,
- confirm your ability to provide your assessor with the required documentary evidence,
- form the basis of any initial assessment plan you agree with your assessor,

**For those purposes your information may be shared with third parties (including training colleges, assessors and employers).**

I consent to the use of my information in this manner. ☐ Yes ☐ No

### Learner Details (All fields must be completed to avoid delays in processing applications)

|                                  |                                                                                                                                                     |              |  |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| First Name                       |                                                                                                                                                     | Home Address |  |
| Surname                          |                                                                                                                                                     |              |  |
| Date of Birth                    |                                                                                                                                                     |              |  |
| NVQ/CSCS/CPCS No                 |                                                                                                                                                     |              |  |
|                                  |                                                                                                                                                     | Post Code    |  |
| E-mail                           |                                                                                                                                                     | Mobile No    |  |
| Current Trade                    |                                                                                                                                                     |              |  |
| Qualification and Level Required | QUA927 Level 3 NVQ Cskills Awards Level 3 NVQ Diploma in Testing, Inspecting and thorough Examination of Plant, Machinery, Equipment or Accessories |              |  |

### Employment Status

- ☐ **Employed**
- ☐ **Self-Employed** (NB: If you are self-employed but working for an employer – tick the sub-contractor option and indicate the employer details below.)
- ☐ **Sub-Contractor**

|                                  |  |
|----------------------------------|--|
| Employer/Main Contractor         |  |
| Employer/Main Contractor Address |  |
| Contact Name                     |  |
| Contact Tel No                   |  |
| Contact E-mail                   |  |

| ADDITIONAL INFORMATION (or attach CV in lieu) |      |             |
|-----------------------------------------------|------|-------------|
| Current Site Address                          |      |             |
| Relevant Qualifications (SSSTS, C&G, IPAF)    |      |             |
| Title                                         | Date | Level/Grade |
|                                               |      |             |
|                                               |      |             |
|                                               |      |             |
|                                               |      |             |
|                                               |      |             |
|                                               |      |             |

| Current Role                                  |  |                  |  |                          |
|-----------------------------------------------|--|------------------|--|--------------------------|
| Job Title/Role                                |  | From             |  | To                       |
| Employer                                      |  |                  |  |                          |
| Details of current roles and responsibilities |  |                  |  |                          |
|                                               |  |                  |  |                          |
| Equipment Worked On                           |  |                  |  |                          |
| Wheeled plant                                 |  | Static plant     |  | Tracked plant            |
|                                               |  |                  |  | Pedestrian operated      |
| Fork lifts                                    |  | Pumps            |  | Cranes/lifting equipment |
|                                               |  |                  |  | Power tools              |
| Rail/trackside                                |  | Power generators |  | Demolition equipment     |
|                                               |  |                  |  | Batching, mixing plant   |
|                                               |  |                  |  | Rollers                  |
|                                               |  |                  |  | Hoists                   |
|                                               |  |                  |  | Other. Please state.     |

Now please complete the Skills Scan. This will allow us to ensure that you are on the appropriate qualification.  
Please answer accurately as any incorrect information may affect your ability to achieve the relevant qualification.

You may be contacted to following the receipt of this Skills Scan to gather further information before a final decision is made.

| Work                                                | <b>Types of Work Completed</b><br>Do your normal work activities include the following work on a regular basis:<br>Please indicate how often each type of work is completed using the following letters<br>R = this work is completed on a regular basis (at least once a month).<br>O = this work is completed occasionally (at least once within a 6 month period).<br>N = I do not complete this type of work. |                                                                                        |                                                                             |                                                                                                               |                                                                                  |                                    |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|
| Control work activities                             | Inform relevant people about work activities                                                                                                                                                                                                                                                                                                                                                                      | Offer advice & help to people about work activities and encourage questions/request s. | Clarify proposals with relevant people and discuss alternative suggestions. | Resolve and agree the work activities that and will meet the required outcome of the proposed method of work. | Confirm the method of work is suitable and satisfies the requirement of the task |                                    |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                             |                                                                                                               |                                                                                  |                                    |
| Maintain working relationships                      | <i>Give appropriate advice and information</i>                                                                                                                                                                                                                                                                                                                                                                    | <i>Advise on different work methods</i>                                                | <i>Agree work activities to suit all involved</i>                           | <i>Encourage dialogue and comments</i>                                                                        | <i>Resolve differences or issues</i>                                             | <i>Promote good will and trust</i> |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                             |                                                                                                               |                                                                                  |                                    |
| Complete the following types of inspections:        | <i>Periodic/Routine</i>                                                                                                                                                                                                                                                                                                                                                                                           | <i>Pre-delivery</i>                                                                    | <i>Post-use</i>                                                             | <i>Statutory</i>                                                                                              | <i>Technical</i>                                                                 | <i>Safety</i>                      |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                             |                                                                                                               |                                                                                  |                                    |
| Complete tests on the following Equipment version 3 | <i>Electric systems</i>                                                                                                                                                                                                                                                                                                                                                                                           | <i>Cooling systems</i>                                                                 | <i>Lubrication systems</i>                                                  | <i>Emission control</i>                                                                                       | <i>Hydraulic systems</i>                                                         | <i>Hydrostatic drive</i>           |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                             |                                                                                                               |                                                                                  |                                    |
|                                                     | <i>Transmission systems</i>                                                                                                                                                                                                                                                                                                                                                                                       | <i>Pneumatic systems</i>                                                               | <i>Braking systems</i>                                                      | <i>Vibration management</i>                                                                                   | <i>Steering or suspension systems</i>                                            | <i>Generator output control</i>    |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                             |                                                                                                               |                                                                                  |                                    |
|                                                     | <i>Electronic management</i>                                                                                                                                                                                                                                                                                                                                                                                      | <i>Powered access equipment</i>                                                        | <i>Material handling equipment</i>                                          | <i>Water pumps</i>                                                                                            | <i>Craneage</i>                                                                  | <i>Lifting equipment</i>           |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                             |                                                                                                               |                                                                                  |                                    |
|                                                     | <i>Load testing (crane, hoists, MEWPs, MHE)</i>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                             |                                                                                                               |                                                                                  |                                    |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                             |                                                                                                               |                                                                                  |                                    |