



Nozzleman Examiner Application Form

Assessment course date: _____

Particulars

Surname: _____
Forename: _____
Date of birth: _____
Nationality: _____

Address: _____

City: _____
Postcode: _____
Country: _____
Tel.: _____
EMail: _____

Employment

(over last 5 years)

Company	Position	Years of service

Experiences of Sprayed Concrete Applications and / or Training

Time	Tasks

Length of experience in the tunnelling industry (Note: We expect a min. of 5 years experience): _____



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Experiences and Knowledge...

	YES	NO
- as a sprayed concrete supervisor	<input type="checkbox"/>	<input type="checkbox"/>
- of concrete technology	<input type="checkbox"/>	<input type="checkbox"/>
- on health, safety and enviromental requirements	<input type="checkbox"/>	<input type="checkbox"/>
- as a trainer*	<input type="checkbox"/>	<input type="checkbox"/>
- Skills in spoken language to a technical level	<input type="checkbox"/>	<input type="checkbox"/>

(Note: English will be the working language for the scheme)
Other s (please state): _____

*If applicable - please state your experiences and provide copies of any training certificates

Further Information

- Will you be examining external or internal (eg for your current employer) candidates? Please state.

- If External, please briefly explain how you would set up your accreditation scheme in your location/country.

(If your application is for your company or is project specific, please leave this question.)

- Please state your preferred country(s) for running the accreditation scheme.



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Referee

	Name	Address	Telephone	E-Mail
No. 1				
No. 2				

Data Protection

Please note that all your private personal information will be subject to local, national and international laws on data protection - however once you have been accredited as an EFNARC Examiner your name and business contact details will be placed on the official EFNARC website as a reference point for potential business.

Agreement

I agree that the Nozzleman Examiner and Nozzleman Course Notes and other materials provided by EFNARC shall be treated as confidential and shall only be used for the purpose of obtaining Nozzleman Examiner Certification and for subsequent use, upon passing the Examiner Course, in the certification of Nozzlemen. I shall not disclose the said documents to any other parties without the express permission of EFNARC.

Signed _____ Date _____

Sending in your application...

Please Email your application together with a recent CV to secretary@efnarc.org