

MPQC/SPA Minerals Sector Safety Passport Trainer Application Approval Form

In order to be considered for approval, Trainers must be able to demonstrate health and safety experience gained in an industrial context. If this was gained in another unrelated sector then prior to approval, the Trainer would be required to undertake a minimum of 2 full days of minerals sector awareness training.

The Trainer must submit both their CPD for the previous 12 months along with their updated CV.

All Approved Trainers must undertake the course familiarisation workshop prior to the delivery of the course, ideally hold a valid safety passport themselves, and will be required to log a minimum of 6 hours per annum out of a total of 30 hours/year of CPD in relation to the extractives, processing and relating manufacturing industries. CPD records must be submitted for review to MPQC on an annual basis

Company Name:				
Address:				
Contact Number:				
E-mail Address:				
Please tick If you have any	of the below or speci	fy in o	ther. You must attach supporting evidence.	
Training Delivery				
CIPD Certificate/Diploma in Training Delivery			Level 3 Training & Development award in training delivery/presentation skills	
Level 4 CTLLS (Certificate in Teaching in the Lifelong Sector)			Teaching Certificates	
Other training qualifications – Please specify				
No formal qualifications – Please specify experience				
Health & Safety				
NEBOSH Certificate/Diploma			IOSH Managing Safely	
Other formal certification - Please specify	-			
No formal qualifications – Please specify experience				

Trainer Name:



Please tick If you have any of the below or specify in other. You must attach supporting evidence.										
Environmental Experience										
IEMA qualifications					ISO 14001 A	uditors	qualifica	ition		
Other formal certification – Please specify										
No formal qualifications – Please specify experience										
Industrial Experience										
Extractives (familiarisation with the QR99) Please specify										
Related Manufacturing Please specify										
Other Sector/s Please specify										
Approved to deliver other passport courses Please specify										
MPQC OFFICE USE ONLY										
Date Received:					Date:					
APPROVED (Comment if applicable)	Υ	N								
DEFERRED (Comment if applicable)	Υ	N								
DECLINED (Comment if applicable)	Υ	N								
Name of MPQC Auditor					Signatur	e				

