



Profile Sheet

Operator Name:			
National Insurance No:		Date of Birth:	
Name & Address of Current / Previous Employer:			
Instructor Name:		Instructor Reg. No:	
Training/Assessment Dates:	From	To	Category

Operator claimed experience on category to be assessed on (continue on a separate sheet if necessary)

Dates of regular operation <i>(dates from – to & include approx months of operation)</i>	Machine type & capacity <i>(include make & model if known)</i>	Details of work experience <i>(Please provide details of employers you have worked for, the dates and a brief description of the work carried out).</i>
		Please use table overleaf.
Details of previous operator training on category to be assessed on: <i>(include foundation, in-house & refresher training etc and state training provider & length of course)</i>		
Health & Safety Test passed: YES <input type="checkbox"/> NO <input type="checkbox"/> Type: _____ Date: _____ <i>(NPORS – CSCS – OPERC etc)</i>		

Instructors are reminded that in completing this Profile Sheet they are making a declaration that they are satisfied as to the suitability of the operator to undertake the route indicated below

The Operator has sufficient operating experience with this category of plant and is eligible to undertake the Experienced Worker Test route without further training	Tick
The Operator does not have sufficient operating experience with this category of plant and is not eligible to undertake the Experienced Worker Test route and will	Tick
a) require days training b) require full duration basic training for the following reasons:	
Instructor please state actual training / testing ratio here. : :	
The stated novice course duration was reduced on this occasion for the following reasons:	



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Employment Details (Please provide details of employers you have worked for)	Details of work experience (Please give the dates and a brief description of the work carried out)

<p>I am satisfied that this candidate is eligible to undertake the training / testing route indicated</p> <p>Instructor Name.....</p> <p>Instructor signature:</p> <p>Date:</p>	<p>The information recorded on this form is an accurate and honest reflection of my operating experience and training:</p> <p>Operator Name:.....</p> <p>Operator signature:</p> <p>Date:</p>
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