

# **ACP Group**



# **Vehicle AC Assessment / Training Application Form**

Please complete in black/blue ink and in block capitals

Applicants Contact Details					
Forenames:		Surname:			
Title:	Date of Birth:				
Company Name:					
Home Address:					
Postcode:					
Phone:					
Mobile:					
Email:					
Please indicate how many years relevant industry experience you have for the course that you wish to attend:					
Date of Course:					
	PLEASE TICK THE COURS	E REQUIREMENT.			
ACP Group MAC AIR CONDITIONING COURSES					
C & G MAC Systems 754	3 – 001 (5101 04 301) Refrigerant Ha	andling Assessment only			
C & G MAC Systems 754	C & G MAC Systems 7543 – 001 (5101 04 301) Refrigerant Handling Training & Assessment				
C & G MAC Systems 754. VACSAR	3 – 001 (5101 04 301) Refrigerant Ha	andling Training & Assessment & our			
Add ACP Group AAACSA	Add ACP Group AAACSAR (Advanced Automotive Air Conditioning Service and repair)				
ACP Group VACSAR and	AAACSAR only				
Candidate Signature:					
Print Name:					
Date:					
I enclose: ☐ 2 c	urrent passport sized photos.				

## To be completed by the applicant

### Equal Opportunities information for Dfes and QCA monitoring purposes

Ple	ase :	state:	Your nationality:
Α		White	Your ethnic origin (please tick a group from the list below)  English / Welsh / Scottish / Northern Irish / British Irish Gypsy or Irish Traveller Any other White background, write in
В		Mixed	/ multiple ethic groups White and Black Caribbean White and Black African White and Asian Any other Mixed / multiple ethnic background, write in
C		Asian ,	Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background, write in
D		Black /	African / Caribbean / Black Irish African Caribbean Any other Black / African / Caribbean background, write in
Ε		Other	ethnic group  Arab  Any other ethnic group, write in
			e any special requirements or disabilities the learners may have while attending the ACP Group training, to oup to make arrangements to accommodate any disabilities identified.
Exa	ımpl	le:	sight impairment
Dis	able	d Regis	tration Number (if applicable)
Age	e Gr	oups:	(Please tick)
16	- 20		21 – 24

#### TO BE COMPLETED BY EMPLOYER

I certify that the details on this application are correct to the best of my knowledge and the enclosed photograph is a true likeness of:

		Candidate Name:	Who has been know	n to me for: (years)			
Compan	ny Name:		Employers Tel No:				
Company Address:			Employers Signature:				
			Print Name:				
			Position in Company:				
			Email:				
Main Bu	usiness:		Date:				
DATA PROTECTION POLICY STATEMENT FOR THE REGISTER OF ACP GROUP OPERATIVES							
The Data Pr		Our Policy DPA") is there to protect you from having your poss Centre, 21-27 Hollands Road Haverhill is the re					
The inform historical ar		ou provide regarding yourself will be retained	by ACP Group for a maximu	m period of 5 years for the purposes of			
		who need to verify a candidate's qualifications have contacted us with your specific consent to c		r database but we will only disclose your			
As the subj	ect of data held	by ACP Group, the DPA entitles you to inspect th	ne data held on your records at	t any time, with reasonable notice.			
If you requi	If you require any information with regard to the treatment of your data please contact the Data Controller at ACP Group.						
The information provided in the application form is covered by the Data Protection Act 1998. If you do not wish to receive information from other companies please tick this box.							

Please send your completed application form and all enclosures to:

ACP Group, Menta Business Centre, 21-27 Hollands Road, Haverhill, Suffolk, CB9 8PU Tel: 01440 762211

#### TERMS AND CONDITIONS OF ASSESSMENT AND TRAINING.

# THE FOLLOWING APPLIES TO ALL ASSESSMENTS AND TRAINING EITHER AT OUR PREMISES OR HELD AWAY.

If any candidate is in breach of any health and safety regulations throughout the duration of training or assessment the candidate's participation will be terminated.

Any candidate that is not present at the correct date and time will not be trained or assessed.

It will be at the instructor's or assessor's discretion to allow any candidate to attend any course or assessment should they be late arriving.

For workshop activity while training or practical assessments candidates must be wearing the following PPE. Steel-toe capped footwear and overalls. Gloves and Goggles will be provided at our premises.

There will be no refund of fees or payments for the failure to comply with the above.

No course or assessment will be carried out until full payment and cleared funds have been received.

We will need two current passport photographs of each candidate at the time of training / assessment for the C & G 7543-001 Handling Refrigerant..

Candidate must hand in at the time of assessment the original application form if it is not already in our possession.

Candidate must bring with them any pre course study notes (no seconds will be supplied without an extra charge).

We will endeavour to facilitate any assessments that we have bookings for with no dates set with our and your cooperation.

I/ we agree that completing successfully the C & G 7543-001 Handling Refrigerant does not constitute in being qualified to service and repair vehicle air conditioning systems only handling the refrigerant. I E de-gas and recharge AC system.

I/we agree to the above terms and conditions.

Date	Candidates signature			
	Print			
Date	Employers signature			
IF applicable.	Print			

Please fax or send with completed application form. Please retain we need the original to process your assessment

Fax: 0871 714 6312