

BESPOKE ENVIRONMENTAL PERMIT APPLICATION


Appendix 2 Technical competency

Prepared for: JH Willis & Son



Company Agreement

BUSINESS/COMPANY DETAILS

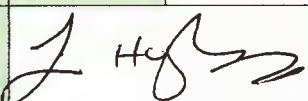
Candidate Name:	WILLIAM JOHN HUGHES		
Company Name:	JH WILLIS AND SON		
Company Status: (please tick)	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Sole Trader	<input checked="" type="checkbox"/> Partnership/LLP
Company Registration Number: (if applicable)	N/A		
Business Address:	HOLME FARM INCE CHESTER CH2 4NR		
Contact Name:	RACHAEL WILLIS / WILLIAM HUGHES		
Contact Number:	0151 356 0351 07947 441589		
Assessment/COTC Address:	AS ABOVE		
Contact Number:			
Invoice Address (If different):	AS ABOVE		
Accounts Contact Name:	RACHAEL WILLIS		
Accounts Contact Number:	0151 3560351		
Email for electronic invoice:	rachel@jhwillis.co.uk		
Authorised Signatory Name:	RACHAEL WILLIS		
Authorised Signatory Position:	OFFICE MANAGER		
Signature:		Date:	30.1.20

APPLICATION CHECKLIST

To enable Elleteq to process your application, have you remembered to return:	
Purchase Order No: (if applicable)	
Candidate Registration Form:	
Surrogate Site Approval Form: (if applicable)	
Signed Training & Assessment Engagement Form:	
Equality & Diversity Form:	

Candidate Registration

Candidate Details

Candidate Name:	WILLIAM JOHN HUGHES .		
Title (i.e. Mr/Mrs/Miss/Dr):	MR		
Date of Birth:	18.10.77.		
Candidate Home Address:	HOMESTAD BRIMSTAGE LANE BRIMSTAGE. CH63 6HY		
Candidate Email Address:	johnhughes181077@hotmail.com .		
Candidate Contact No:	—		
Candidate Job Role/Position	TRACTOR DRIVER / WASTE OPERATIVE.		
Company Name:	J.H. WILLIS AND SONS .		
Manager Name:	DAVID WILLIS.		
Manager Contact Number:	07774 694509		
Assessment Site Address:	HOLME FARM INCE CHESTER CHESHIRE CH2 4NR.		
Site Contact Number:	0151 356 0351 .		
WAMITAB Award(s) Applied For:	ME001 + ME006b		
Does the Candidate need any additional assistance with any aspect of learning?	NO		
Existing WAMITAB Reg? (Please enter number if known)	—		
Unique Learner Number if known	—		
I confirm I have read the WAMITAB Fair Processing Notice provided	YES		
Correspondence Address: (Please tick preferred option)	Home		Site
			—
Signature of Candidate:			Date
			30.1.20 .

This information is gathered purely for the purposes of registering you as a candidate with WAMITAB. We will share this information with the Awarding Organisation and no other.

This information will be kept securely at our offices in Melksham both electronically and a physical hard copy in a locked cabinet. The information will be available to the Centre Manager, Centre Coordinator, your allocated Assessor and the Quality Assurance team, all of whom will treat the data with the utmost confidence.



Equality and Diversity Monitoring Form

Equality monitoring helps us comply with legislation but also tells us who contacts us. Recording personal circumstances allows us to analyse how well we are meeting our commitments to different groups of stakeholders and customers.

Please provide the following information, which will be treated in strictest confidence and used only for statistical monitoring purposes.

Please describe your gender identity?

Please tick the appropriate box

Male

Female

Prefer not to say

How old are you?

Please tick the appropriate box

0 to 9

10 to 19

20 to 29

30 to 49

50 to 64

65 to 74

75+

Prefer not to say

The Equality Act 2010 defines disability as 'a physical or mental impairment which has a substantial & long term effect on a person's ability to carry out normal day to day activities'.

Do you consider yourself to have a disability?

Yes

No

How would you describe your ethnic origin?

Please tick one box only

A) White

C) Asian or Asian British

English

Indian

Welsh

Pakistani

Scottish

Bangladeshi

Northern Irish

Chinese

Irish

Other Asian Background

Gypsy or Traveller

Other White Background

B) Mixed / Multiple ethnicity

D) Black or Black British

White & Black Caribbean

Caribbean

White & Black African

African

White & Asian

Other Black Background

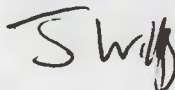
Other Mixed / multiple background

E) Other ethnic group (please state)

Prefer not to say

Candidate Registration

Candidate Details

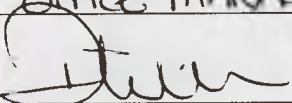
Candidate Name:	JOSHUA WILLIS		
Title (i.e. Mr/Mrs/Miss/Dr):	MR		
Date of Birth:	11.8.97		
Candidate Home Address:	14 INCE LANE WIMBOLDS TRAFFORD CHESTER CH2 4JP		
Candidate Email Address:	willis.josh@hotmail.com		
Candidate Contact No:	07876 882361		
Candidate Job Role/Position	TRACTOR DRIVER / WASTE OPERATIVE		
Company Name:	J.H. WILLIS AND SON		
Manager Name:	DAVID WILLIS		
Manager Contact Number:	01774 694509		
Assessment Site Address:	HOLME FARM INCE CHESTER CH2 4NR		
Site Contact Number:	0151 356 0351		
WAMITAB Award(s) Applied For:	MROC1 + MROC6D		
Does the Candidate need any additional assistance with any aspect of learning?	NO		
Existing WAMITAB Reg? (Please enter number if known)	—		
Unique Learner Number if known	—		
I confirm I have read the WAMITAB Fair Processing Notice provided	YES		
Correspondence Address: (Please tick preferred option)	Home		Site
			—
Signature of Candidate:			Date
			30.1.20

This information is gathered purely for the purposes of registering you as a candidate with WAMITAB. We will share this information with the Awarding Organisation and no other.

This information will be kept securely at our offices in Melksham both electronically and a physical hard copy in a locked cabinet. The information will be available to the Centre Manager, Centre Coordinator, your allocated Assessor and the Quality Assurance team, all of whom will treat the data with the utmost confidence.

Company Agreement

BUSINESS/COMPANY DETAILS

Candidate Name:	JOSHUA WILLIS		
Company Name:	J H WILLIS AND SON		
Company Status: (please tick)	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Sole Trader	<input checked="" type="checkbox"/> Partnership/LLP
Company Registration Number: (if applicable)	N/A		
Business Address:	HOLME FARM INCE CHESTER CH24NR		
Contact Name:	RACHAEL WILLIS / JOSHUA WILLIS		
Contact Number:	0151 356 0351 07876 882361		
Assessment/COTC Address:	AS ABOVE.		
Contact Number:			
Invoice Address (If different):	AS ABOVE.		
Accounts Contact Name:	RACHAEL WILLIS		
Accounts Contact Number:	0151 356 0351		
Email for electronic invoice:	rachaer@jhwillis.co.uk		
Authorised Signatory Name:	RACHAEL WILLIS		
Authorised Signatory Position:	OFFICE MANAGER		
Signature:		Date:	30.1.20.

APPLICATION CHECKLIST

To enable Elleteq to process your application, have you remembered to return:	
Purchase Order No: (if applicable)	
Candidate Registration Form:	
Surrogate Site Approval Form: (if applicable)	
Signed Training & Assessment Engagement Form:	
Equality & Diversity Form:	



Equality and Diversity Monitoring Form

Equality monitoring helps us comply with legislation but also tells us who contacts us. Recording personal circumstances allows us to analyse how well we are meeting our commitments to different groups of stakeholders and customers.

Please provide the following information, which will be treated in strictest confidence and used only for statistical monitoring purposes.

Please describe your gender identity?

Please tick the appropriate box

Male Female Prefer not to say

How old are you?

Please tick the appropriate box

0 to 9	<input type="checkbox"/>	10 to 19	<input type="checkbox"/>
20 to 29	<input checked="" type="checkbox"/>	30 to 49	<input type="checkbox"/>
50 to 64	<input type="checkbox"/>	65 to 74	<input type="checkbox"/>
75+	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

The Equality Act 2010 defines disability as 'a physical or mental impairment which has a substantial & long term effect on a person's ability to carry out normal day to day activities'.

Do you consider yourself to have a disability?

Yes
No

How would you describe your ethnic origin?

Please tick one box only

A) White		C) Asian or Asian British	
English	<input checked="" type="checkbox"/>	Indian	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>
Gypsy or Traveller	<input type="checkbox"/>		
Other White Background	<input type="checkbox"/>		
B) Mixed / Multiple ethnicity		D) Black or Black British	
White & Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Other Mixed / multiple background	<input type="checkbox"/>		

E) Other ethnic group (please state)

Prefer not to say