

## NCC Operative Learner Questionnaire

**\*\*\*\* DATA PROTECTION STATEMENT \*\*\*\***  
**\*\*\*\*\* PLEASE READ CAREFULLY \*\*\*\*\***

The information you provide for this profile will be held securely within CITB

**This information may be used by CITB:**

- to help determine which NVQ route and level you pursue,
- confirm your ability to provide your assessor with the required documentary evidence,
- form the basis of any initial assessment plan you agree with your assessor,

**For those purposes your information may be shared with third parties (including training colleges, assessors and employers).**

I consent to the use of my information in this manner.     Yes     No

**Learner Details** (All fields must be completed to avoid delays in processing applications)

First Name		Home Address	
Surname			
Date of Birth			
NVQ/CSCS/CPCS No			
		Post Code	
E-mail		Mobile No	
Current Trade			
Qualification Required			

**Employment Status**

- **Employed**
- **Self-Employed** (NB: If you are self-employed but working for an employer – tick the sub-contractor option and indicate the employer details below.)
- **Sub-Contractor**

Employer Contractor	
Depot Address	
Contact Name	
Contact Tel No	
Contact E-mail	

ADDITIONAL INFORMATION (or attach CV in lieu)		
Current Site Address		
Relevant Qualifications (SSSTS, C&G, IPAF)		
Title	Date	Level/Grade

Current Role									
Job Title/Role		From	To						
Employer									
Details of current roles and responsibilities									
Equipment Worked On (please put a X in each box)									
Tracked plant	<input type="checkbox"/>	Wheeled plant	<input type="checkbox"/>	Rollers	<input type="checkbox"/>	Fork lifts	<input type="checkbox"/>	Static plant	<input type="checkbox"/>
Power tools	<input type="checkbox"/>	Pedestrian operated	<input type="checkbox"/>	Cranes/lifting equipment	<input type="checkbox"/>	Hoists	<input type="checkbox"/>	Pumps	<input type="checkbox"/>
Power generators	<input type="checkbox"/>	Rail/trackside	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Now please complete the Skills Scan this will allow us to place you on the appropriate qualification.  
Please answer accurately as any incorrect information may affect your ability to achieve the relevant qualification.

You may be contacted to following the receipt of this Skills Scan to gather further information before a final decision is made.

Work	<p align="center"><b>Types of Work Completed</b> Do your normal work activities include the following work on a regular basis?</p>					
Control work activities	Do you have a supervisory role in your workplace					Yes No
Operate Equipment	Do you regularly operate a minimum of 2 of the types of plant listed or machinery below in a non-load condition:					Yes No
	Hand Operated Power Tools	Static Equipment	Pedestrian controller powered Equip	Tracked Plant	Wheeled Plant	
Servicing	Do you regularly complete the all of the servicing activities listed:					Yes No  If no, please indicate those regularly completed.
	Top Up, Change fluids	Replace Service Items (Filters, etc)	Lubricate Parts	Flush Systems		
	Clean Parts or Components	Secure Fastenings	Replace non-service components	Complete Adjustments		
Replace Components	Do Your regularly replace components on at least 7 of the systems listed:					Yes No
	Power Units	Transmission	Steering	Hydraulics		
	Pumps	Brakes	Pneumatic	Electrical		
	Electronic		Ancillaries (boom, blade, cab drives			
Dismantle & reassemble components	Do Your regularly dismantle & reassemble components on at least 4 of the systems listed:					Yes No
	Power Units	Transmission	Steering	Hydraulics		
	Pumps	Brakes	Electrical	Electronic		
	Operating Ancillaries & attachments					
Diagnose faults in equipment systems	Do Your regularly diagnose faults on at least 4 of the systems listed:					Yes No
	<i>Power Units</i>	<i>Transmission</i>	<i>Steering</i>	<i>Hydraulics</i>	<i>Pumps</i>	
	<i>Pneumatic</i>	<i>Electrical</i>	<i>Electronic</i>	<i>Ancillaries</i>	<i>Brakes</i>	
Inspections:	Do you regularly complete the following types of inspection:					Yes No
	<i>Routine (daily, weekly etc)</i>	<i>Periodic (monthly, annual, hours etc)</i>	<i>Pre-use, delivery</i>	<i>Post-use, off hire, return</i>		

<b>Manufacture components</b>	<b>Do you regularly Manufacture components using a combination of all of the techniques listed:</b>				Yes    No	
	<i>Measuring</i>	<i>Marking out</i>	<i>Disassembling</i>	<i>Cutting</i>		
	<i>Drilling</i>	<i>Filing</i>	<i>Shaping</i>	<i>Joining</i>		
	<i>Assembling</i>	<i>Fitting</i>	<i>Fixing</i>	<i>Securing</i>		
<b>Installation</b>	<b>Do you regularly install any of the following equipment on site:</b>				Yes    No	
	<i>Crane Tower or Ringer</i>	<i>Tower Crane</i>	<i>Hoist Passenger, Goods-Materials</i>	<i>Rig Demolition-Piling</i>		
	<i>Excavation, Vacuum Plant</i>	<i>Batching, mixing or Blending Plants</i>	<i>Crushing or Screening Plants</i>	<i>Power Generation Equipment</i>		
	<i>Pumping Equipment</i>	<i>Climate management Equip</i>	<i>Concrete placing Boom</i>			
<b>Fit additional equipment or systems to equipment</b>	<b>Do you regularly configure equipment for operational use by fitting a minimum of 2 of the following enhancements or systems:</b>				Yes    No	
	<i>Attachments</i>	<i>Ancillaries</i>	<i>Fire Prevention (Spark Arrestors)</i>	<i>Structural (Anchors Ties)</i>		
	<i>Safety (Alarms, Lights, Notices etc)</i>	<i>Contaminant reduction</i>	<i>Carriage of ancillaries</i>	<i>Rail, trackside</i>		
	<i>Cutting Equip</i>	<i>Additions (lights, signs, notices)</i>	<i>Machine control (GPS, Laser control)</i>	<i>Productivity (Sensors)</i>		
<b>Complete tests on equipment systems</b>	<b>Do you regularly complete tests on equipment against the equipment specifications on a minimum of 4 of the system listed:</b>				Yes    No	
	<i>Electrical systems</i>	<i>Cooling systems</i>	<i>Lubrication systems</i>	<i>Emission control</i>		
	<i>Hydraulics</i>	<i>Hydrostatic drive</i>	<i>Transmissions</i>	<i>Pneumatics</i>		
	<i>Brakes</i>	<i>Vibration management</i>	<i>Steering/suspension</i>	<i>Generator output control</i>		
	<i>Electronic management</i>	<i>Powered Access equip</i>	<i>MHE</i>	<i>Water pumps</i>		
	<i>Craneage</i>		<i>Load testing (cranes, hoist, MEWP, MHE)</i>			
<b>Evaluate viability of repairs</b>	<b>Do you regularly assess the viability of equipment repairs against a minimum of 5 of the criteria listed:</b>				Yes    No	
	<i>Time</i>	<i>Labour</i>	<i>Parts</i>	<i>Consumables</i>		<i>Overheads</i>
	<i>Like for Like</i>	<i>Alternative</i>	<i>Benefits</i>	<i>Availability</i>		<i>Reports</i>