**Centre Application**

**ESTER PROJECT**





**Centre Application**

Please complete all sections & send your completed documents **electronically** to ABA via secretariat@aba-skills.com

Ensure you have:

* Fully completed this application **electronically** and send it via email
* Enclosed any supporting information and technical certificates/CV’s etc
* Signed (by organisations official Legal Representative), printed and scanned the separate Declaration of Honour & returned with this application

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| **Section 1) Centre contact details** |

**Surname (Centre manager)**

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|  |

First/middle names

|  |
| --- |
|  |

Office Address (house number, street name, town/city)

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| --- |
|  |
|  |
|  |

Country Post Code

|  |  |  |
| --- | --- | --- |
|  |  |  |

Organisation name Website

|  |  |
| --- | --- |
|  |  |

Country code Mobile phone number Alternative phone number

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Email address

|  |
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|  |

**Name and Surname (Organisation Legal representative)**

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**General Data Protection Regulation (GDPR)**

Upon successful registration ABA International is required to keep various types of data about the centre. ABA International holds this data to enable us to ensure you comply with ABA International’s quality assurance processes, promote you to training clients and provide opportunities for your organisation’s professional development solely in relation to our certification schemes which we require your consent for.

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| **Section 2 Relevant supporting evidence/ qualifications/ certifications** |
| Please submit the following documents:   * Legal Form (Charity, non-profit, Ltd etc) * Updated Staff CV’s (relevant education, certification, experience) * Quality assurance (relevant certification ISO9001 etc and/or agreement to comply with ABA QA & verification processes) * Insurance (certificate of adequate liability insurance) * DOH (agreement with original signature of legal representative) * Other (all other supporting information relevant to this application) |
|  |

**Checklist**

|  |  |
| --- | --- |
| **Evidence required** | **Copy enclosed** |
| Legal form | ☐ |
| Staff capacity | ☐ |
| Quality assurance | ☐ |
| Insurance | ☐ |
| Declaration of Honour | ☐ |
| Other | ☐ |

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| **Section 3 Motivation** |

Please complete the following:

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| **What motivates your organisation to become an authorised ABA Centre** |
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| **Please briefly state your organisations experience in training/assessment provision** |
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| **Section 4 Industry References** |

Please provide details of two referees that can validate your organisations experience:

|  |  |  |
| --- | --- | --- |
| Do you agree to provide ABA International consent to contact these referees? | Yes: ☐ | No: ☐ |

|  |  |
| --- | --- |
| **Referee 1** | |
| Name:  Position:  Relationship to your organisation:  Address:  Telephone number:  Email address: |  |
|  |
|  |
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|  |
| **Referee 2** | |
| Name:  Position:  Relationship to your organisation:  Address:  Telephone number:  Email address: |  |
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| **Section 5 Organisations Occupational Skills Checklist** |

Please ensure the skills chosen can be validated with the evidence provided:

**Checklist**

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| --- | --- | --- |
|  | **Skills List** | **Tick as appropriate** |
| 1 | Chainsaw Maintenance and Cross-cutting Techniques | ☐ |
| 2 | Chainsaw Carving Techniques | ☐ |
| 3 | Basic Tree Felling Techniques (up to 380mm) | ☐ |
| 4 | Advanced Tree Felling Techniques (over 380mm) includes crown breakdown & assisted felling | ☐ |
| 5 | Windblown & Damaged Tree Felling Techniques | ☐ |
| 6 | Tree Climbing, Hand Saw Use & Aerial Rescue Techniques | ☐ |
| 7 | Tree Climbing & Aerial Chainsaw Techniques | ☐ |
| 8 | Aerial Tree Rigging Techniques | ☐ |
| 9 | Aerial Tree Pruning Techniques | ☐ |
| 10 | Mobile Elevating Work Platform Operations | ☐ |
| 11 | Mobile Elevating Work Platform Operation & Aerial Chainsaw Techniques | ☐ |
| 12 | Brushcutter Operations | ☐ |
| 13 | Wood Chipper Operations | ☐ |
| 14 | Pole Pruner Operations | ☐ |
| 15 | Hedge Trimmer Operations | ☐ |
| 16 | Stump Grinder Operations | ☐ |
| 17 | All-Terrain Vehicle Operations | ☐ |
| 18 | Tractor Driving Operations | ☐ |
| 19 | Firewood Processing Operations | ☐ |
| 20 | Mobile Saw Bench Operations | ☐ |
| 21 | Manual Winch Operations | ☐ |
| 22 | Powered Winch Operations | ☐ |
| 23 | Lifting Equipment Inspection Techniques (Competent person) | ☐ |
| 24 | Lifting Equipment Examination Techniques (Independent examiner) | ☐ |
| 25 | Manual Handling Techniques | ☐ |
| 26 | Biocide Safety Principles | ☐ |
| 27 | Plant Protection Application Hand-held Sprayers | ☐ |
| 28 | Base Machine Operations | ☐ |
| 29 | Forestry Forwarder Operations | ☐ |
| 30 | Forestry Harvester Operations | ☐ |
| 31 | Forestry Skidder Operations | ☐ |
| 32 | Emergency First Aid | ☐ |
| 33 | Utility Arborist-Ground-based | ☐ |
| 34 | Utility Arborist-Aerial | ☐ |
| 35 | Utility Arborist-Surveying | ☐ |
| 36 | Professional Tree Inspection | ☐ |
| 37 | Advanced Professional Tree Inspection | ☐ |
| 38 | Loader Operations (ex. timber) | ☐ |
| 39 | Lift Truck Operations | ☐ |
| 40 | Telehandler Operations | ☐ |
| 41 | Excavator Operations | ☐ |
| 42 | Dumper Truck Operations | ☐ |
| 43 | Mowing Operations | ☐ |
| 44 | Roller Operations | ☐ |
| 45 | Off Road Vehicle Operations | ☐ |

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| **Section 6 Application Fee** |

Please ensure to submit the €50 application fee (non-refundable) to the following account & retain evidence of payment:

Account Name: ABA International

Bank: CSOB

BIC (SWIFT): CEKOCZPP

Account No: 302648208/0300 EUR

IBAN: CZ77 0300 0000 0003 0264 8208

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