Prior to filling out this Application, we recommend that you use the “Save As” function to save the form with a unique name. We recommend using “Application Form – Your Name” for the unique file name.

To use this form, click into the field to provide the required information. Use the tab key to move between fields. Where we ask you to provide a date, you may click on the down arrow in that field to display a calendar tool, or you may just enter the date in *yyyy-mm-dd* format.

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| Part One – Personal Demographics |
| Please provide us with your personal contact information. As our primary method of contact with you will be via email, please ensure you provide a valid email address. |
| First Name: | Click to enter your first name. | Last Name: | Click to enter last name. |
| Company: | Click to enter the name of the company you work for. |
| Job Title: | Click here to enter your current job title. |
| Address: | Click to enter your mailing address. |
| City: | Click to enter your city. | Province: | Select a Province | Postal Code: | Click to enter postal code. |
| Email: | Click to enter your email address. |
| Phone: | Click to enter your phone number. | Mobile: | Click to enter your cell number. | Fax: | Click to enter your fax number. |
| Date of Birth: | Click on arrow to use calendar or enter in yyy-dd-mm format. |

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| Part Two – Insurance Coverage |
| You must provide proof that you are covered by $2 million dollars (per incident) of general liability insurance |
| Provider: | Click to enter name of insurance company. | Expiry Date: | Click on arrow and use calendar. |

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| Part Three – Instructional Experience |
| Overall Training Experience |
| Please indicate how many years you have been providing training and roughly how many students in total that you instruct on an annual basis. |
| Years of Experience: | Click to enter # of years. | Students Trained Annually: | Click to enter # of students. |
| Practical Experience |
| For each category of training, please provide details related to the types of equipment you have worked with, how many years of experience you have providing training or performing the covered skills and the province where you gained this experience. Where indicated, please select which fuels you have worked with. |
| **Filling Cylinders** | Type of Equipment: | Click to enter info about equipment. |
| Years of Experience: | Training: | Click to enter years of training experience. | Practical: | Years Practical Exp. |
| Location: | Click to enter in which provinces you’ve trained. |
| **Filling Auto Tanks** | Type of Equipment: | Click to enter info about equipment. |
| Years of Experience: | Training: | Click to enter years of training experience. | Practical: | Years Practical Exp. |
| Location: | Click to enter in which provinces you’ve trained. |
| Fuels: | [ ] Propane [ ] Natural Gas  |
| **Loading & Unloading Cargo Liners** | Type of Equipment: | Click to enter info about equipment. |
| Years of Experience: | Training: | Click to enter years of training experience. | Practical: | Years Practical Exp. |
| Location: | Click to enter in which provinces you’ve trained. |
| Fuels: | [ ]  LPG [ ]  Fuel Oil [ ]  LNG |
| **Loading & Unloading Tank Trucks** | Type of Equipment: | Click to enter info about equipment. |
| Years of Experience: | Training: | Click to enter years of training experience. | Practical: | Years Practical Exp. |
| Location: | Click to enter in which provinces you’ve trained. |
| Fuels: | [ ]  LPG [ ]  Fuel Oil [ ]  LNG |
| **Cylinder Delivery Truck Operations** | Type of Equipment: | Click to enter info about equipment. |
| Years of Experience: | Training: | Click to enter years of training experience. | Practical: | Years Practical Exp. |
| Location: | Click to enter in which provinces you’ve trained. |
| **Forklift Cylinder Filling & Exchange** | Type of Equipment: | Click to enter info about equipment. |
| Years of Experience: | Training: | Click to enter years of training experience. | Practical: | Years Practical Exp. |
| Location: | Click to enter in which provinces you’ve trained. |
| **Construction Heaters** | Type of Equipment: | Click to enter info about equipment. |
| BTUH Output: | [ ] Under 400K [ ] Over 400K  |
| Years of Experience: | Training: | Click to enter years of training experience. | Practical: | Years Practical Exp. |
| Location: | Click to enter in which provinces you’ve trained. |
| Fuels: | [ ] Propane [ ] Natural Gas  |
| **Torches** | Type of Equipment: | Click to enter info about equipment. |
| Years of Experience: | Training: | Click to enter years of training experience. | Practical: | Years Practical Exp. |
| Location: | Click to enter in which provinces you’ve trained. |
| Fuels: | [ ] Propane [ ] Natural Gas  |
| **Transportation of Dangerous Goods** | Products: | Click to enter the dangerous goods you have worked with – UN Number or Name. |
| Years of Experience: | Training: | Click to enter years of training experience. | Practical: | Years Practical Exp. |
| Location: | Click to enter in which provinces you’ve trained. |

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| Part Four – Qualifications and Courses Taken |
| Qualifications – Instruction Skills |
| Use the following area to provide information about courses you have taken that provide skills on how to provide instruction to adults. Please provide the name of the course, the name of the company who provided the course and the date you successfully completed the course. If required, you may provide additional comments in the space provided. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Comments: | Click to provide additional info about your instruction skills. |
| Qualifications – Practical Skills |
| Use the following area to provide information about courses you have taken that are related to the various categories of training we offer that you are interested in instructing. If required, you may provide additional comments in the space provided. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Course: | Click to enter name of course. |
| Provider: | Click to enter name of training course provider. | Date: | Click on arrow and use calendar. |
| Comments: | Click to provide additional info about related courses you have taken. |

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| Part Five – Attestations |
|  | I certify that the information provided above is accurate. | [ ] Yes |
|  | I agree to be bound by the conditions of the Fuels Learning Centre Code of Conduct (please see Part Seven). | [ ] Yes |
|  | I give consent for Fuels Learning Centre to send promotional information related to its courses and services to the email address provided, understanding that I will have the ability to unsubscribe to such mailings at any time. | [ ] Yes |
| Application Date: | Click on arrow and use calendar. | Signature: |  |

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| Part Six – Instructions for submitting your application |
| After completion of the form, save the document with a unique name. Then print out the completed form and sign the form in the space provided in Part Five. You may scan and email the signed document, along with your insurance certificate to support@fuelslc.com. Alternatively, you may fax this form toll-free to 1-855-267-0182.The Fuels Learning Centre will send you an email to confirm receipt of your application. If you do not receive confirmation within two business days, please call us toll-free at 1-855-267-0409 and select the option for Instructor Support.  |

| Part Seven – Code of Conduct |
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| As a Fuels Learning Centre Instructor, I will: |
| 1. | act professionally, accurately, honestly and impartially and in an unbiased manner; |
| 2. | not act in any way that would negatively affect the reputation of the Fuels Learning Centre and cooperate fully with any inquiry in the event of any alleged breach of the FLC Code of Conduct; |
| 3. | conduct Fuels Learning Centre courses with official and current materials provided by the Fuels Learning Centre in accordance with the Instructor’s Guides provided for each training course; |
| 4. | be covered at all times by a minimum of two million dollars, per incident, of Comprehensive General Liability Insurance. If I am not an employee of the company whose insurance is covering me, then I will be a “Named Insured” on the insurance document. I will ensure that the Fuels Learning Centre is in possession of a current insurance certificate; |
| 5. | commit to understanding my students’ needs, providing a hospitable learning environment and presenting them with accurate information that will enable them to transfer their learning on the job; |
| 6. | ensure my students meet minimum age requirements, as established by the authority having jurisdiction, to conduct the skills covered in the training; |
| 7. | provide adequate proof to the Fuels Learning Centre that I have received training related to the delivery of training programs to adult learners; |
| 8. | provide adequate proof to the Fuels Learning Centre that I have appropriate levels of experience conducting the skills covered in the training; |
| 9. | maintain current certification in each Fuels Learning Centre course I wish to instruct; |
| 10. | maintain the privacy of my students and not divulge any personal information regarding my students unless required to do so by the Fuels Learning Centre or by law; |
| 11. | strive to keep current with regulatory requirements of the authority having jurisdiction over my students; |
| 12. | act in accordance with applicable legislation and regulations; |
| 13. | when I have verifiable evidence that another Instructor has breached the FLC Code of Conduct, report that breach to the Fuels Learning Centre; |
| 14. | report all regulatory deficiencies I observe while conducting the Skills Demonstration or Skills Evaluation to the person in control of the site; |
| 15. | refrain from personal gain through the unauthorized use of Fuels Learning Centre materials or processes; |
| 16. | protect the copyright of Fuels Learning Centre materials by not distributing materials to any individual except my students unless specifically permitted in writing directly, or through published FLC procedures; |
| 17. | not disclose information concerning the business affairs or technical processes of any present or former customer without consent from the customer; |
| 18. | participate in an audit of my skills and competency, to be conducted by a Corporate Senior Instructor or Independent Senior Instructor on a periodic basis of no less than every five years and no more than every three years; |
| 19. | never submit a Skills Evaluation to obtain a Record of Training certificate issued by FLC, if the student was unable to reasonably prove to me they were able to conduct the skills identified in the Skills Evaluation; |
| 20. | ensure the results of the Written Exam and Skills Evaluation of each student are entered into the Fuels Learning Centre’s on-line Learning Management System within five business days following the Skills Evaluation; and |
| 21. | notify the Fuels Learning Centre immediately if there has been a change to my employment or contact information. |