## Learner details (please complete)

|  |  |
| --- | --- |
| Forename: |   |
| Surname: |   |
| Home address: |     |
| Postcode: |   |
| Tel no: l  | Email:  |
| Job title:  | Date of birth:  |
| What best describes your gender? | Male Female Non-binary Prefer not to say |
| NI/Passport/Driving licence number:(delete as applicable) |   |

**Please read the ECITB privacy notice set out below to understand how ECITB protects and uses your data.**

## ECITB privacy notice

The Engineering Construction Industry Training Board (“**ECITB”**) is a statutory industry training board and an awarding organisation with responsibilities for the training and development of the engineering construction workforce in Great Britain.

This Privacy Notice sets out how we may collect, use and share information about candidates who have either attended ECITB and other approved training courses, or have attained ECITB qualifications (including vocational qualifications or awards). It is supplemental to our general Privacy Statement, which is available on our website at <https://www.ecitb.org.uk/privacy-statement> and available on request by calling us on 01923 260000.

We receive from our network of approved providers (including training providers and verifiers) information about all candidates who have either attended ECITB and other approved training courses or have attained ECITB qualifications. We also receive information directly from candidates in application forms and through other means. We hold and use this information as a data controller (whether on our own account, or in-common with our approved providers and recipients of this information).

The information which we collect or are provided with about you may include your personal details (often including your photograph) together with details relating to your training and your registration for, and achievement of, qualifications. We will retain this information in our management information system, and some information may be held in an online secure database. We will hold your information for as long as it is necessary for us to use and share it as described in this Privacy Notice.

I acknowledge that I have received and read the ECITB privacy notice [ ]

Date:

## Data sharing

ECITB may also share data relating to your training and qualifications with third parties who wish to validate your competence achievements such as prospective employers, site operators and other relevant bodies who wish to verify that you and other candidates have undertaken ECITB and other approved training and hold ECITB qualifications or are in the process of such training and/or are working towards ECITB qualifications. It is within our legitimate business interests and those of candidates, prospective employers and site operators, and the industry generally to use candidates’ information in this way to protect the reputation of the ECITB’s training courses and qualifications and enhance the value of such training and qualifications.

We may also pass on information relating to vocational qualifications to the relevant government bodies in accordance with our obligations to such bodies. We will not disclose other information to third parties for any other purposes.

The information that we hold about you will be made available to you on request to us (see [www.ecitb.org.uk](http://www.ecitb.org.uk) for contact information).

**If you object to the ECITB’s sharing of your details and training and qualification information for the purposes set out above, please insert an X below, sign and date.**

**If you do not object, do NOT insert an “X” in the box.**

|  |  |
| --- | --- |
| I object to the ECITB sharing information about me, including my personal details (which may include my photograph and details relating to my training, my registration for, and achievement of, qualifications). |   |

Learner signature: Date:

Or print name (both signature or printed name accepted)

## Employer details

|  |  |
| --- | --- |
| Company name:  | Establishment name : (if in scope) |
| Company contact:  |   |
| Tel. No (if known):  | E-mail (if known):  |

## For training provider completion

|  |  |
| --- | --- |
| Training course / test attended:(delete as applicable) |   |
| Provider: |   |
| Course / test date: |   |
| Course / test reference: |   |
| For renewals, add the expiry date e.g. technical test: |   |
| Test or assessment, if useful, make a note of any test results here: |    |
| Resit, if useful, note result here: |  Pass Refer  |

Trainer signature: Date: