

# CWCT Installers' Scheme

## APPLICATION

Please tick

- Trainee**  (Installers with less than 2 years' relevant experience)  
**Part 1 Architectural glazing**  (All installers with at least 2 years' relevant experience)  
**Part 1 Rainscreen**  (All installers with at least 2 years' relevant experience)  
**Part 2 Curtain walling**  (Curtain wall installers)

Family name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Post code: \_\_\_\_\_ NI No. \_\_\_\_\_  
 Date of birth \_\_\_\_\_

### Employment

Present position: \_\_\_\_\_ Employed/Self-employed\*  
 \*delete as applicable

### Experience as installer

**Length of service (years)**  
**Windows C/walling**

with present employer \_\_\_\_\_  
 Previous companies \_\_\_\_\_  
 (please list names) \_\_\_\_\_  
 \_\_\_\_\_

### Part 1 General

Which window material do you most commonly install?  
 (delete as applicable) **Aluminium / PVCU / Steel / Timber**

### Part 2 Curtain walling

Which supplier's systems do you currently install?  
 eg: Kawneer/Technal \_\_\_\_\_

### Certificates held and dates obtained

City & Guilds \_\_\_\_\_ NVQ \_\_\_\_\_  
 Safety \_\_\_\_\_ Others \_\_\_\_\_

**Present employer/Sponsor**

Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post code: \_\_\_\_\_  
Contact \_\_\_\_\_ Tel No: \_\_\_\_\_

May we contact your employer for a reference? **YES / NO**

May we contact a previous employer for a reference?  
If YES, please give contact name and address below

Contact: \_\_\_\_\_ Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_ Tel. No: \_\_\_\_\_  
\_\_\_\_\_  
Post code \_\_\_\_\_ :  
\_\_\_\_\_

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I confirm that the details above are correct.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_

Details confirmed by current or most recent employer

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_  
Company \_\_\_\_\_ Position \_\_\_\_\_

***Please make sure that all sections have been completed.***

***Return the form to CWCT together with***

- A three copies of a recent passport size photograph  
Write your full name on the back of each photograph. Do not staple the photographs***
- B the original copy of the Health & Safety certificate***
- C registration fee of £30 plus 5.25 VAT.***

***Cheques should be made payable to CWCT SERVICES LTD.***