



Level 2 Plumbing/H&V - Up-skilling Application for On Site Assessment

Please complete the details specified below and return this form to the JIB-PMES either by post (JIB-PMES, Lovell House, Sandpiper Court, Phoenix Business Park, Eaton Socon, St Neots, Cambridgeshire, PE19 8EP) or email (<u>info@jib-pmes.org.uk</u>).

Part One – Personal and Employment details

Applicant Name:						
Home Address:						
Post Code:						
Home Telephone Number:						
Mobile Number:						
National Insurance Number:						
Current Job Title:						
Nationality:						
Date of Birth:						
Email Address						
Current employment status: Employ	ed □ Se	elf employed Unemployed				
	Employ	ment History				
Current Employer Name (if applicable):						
Employer Address:						
Post Code:						
Telephone Number:						
Contact Name:						
Length of Service:						
Previous Employers						
Name	Jo	ob Title	Length of Service			





Part Two - Existing JIB-PMES/UKPHMES Registration status

Please complete this section if you are currently registered with the JIB-PMES and/or you hold a valid JIB-PMES/UKPHMES CSCS Registration card. If this does not apply to you, please go straight to Part Three.

Type of card held (e.g. Green Operative/Labourer):			
Card expiry date:			
Card APN number: (This is located on the back of the card in the bottom left hand corner)			
Please tick this box if you would want to exchange you	ur existing card for a	Red Apprentice/Traine	e* card for use
during the completion of your training/assessment pro	ogramme. 🗆		
*Please note that this decision will NOT affect the automat Blue registration card upon successful completion of your a		-	/Mechanical Pipefitter
Part Three – Existing qualifications details			
Details of technical industry related qualificat	tions		
(Including short courses)	LIOIIS		
·	LIOIIS	Level (if applicable)	Date Achieved
(Including short courses)	LIUIIS	Level (if applicable)	Date Achieved
(Including short courses)	LIUIIS	Level (if applicable)	Date Achieved
(Including short courses)	LIUIIS	Level (if applicable)	Date Achieved
(Including short courses)	LIUIIS	Level (if applicable)	Date Achieved
(Including short courses)	LIUIIS	Level (if applicable)	Date Achieved

- City and Guilds 6129 Level 2 Certificate in Basic Plumbing Studies
- City and Guilds 6128 Level 2 Certificate in Heating and Ventilating

Please include copies/scans of these qualifications as confirmation of your achievements.

^{*}Please note that the minimum technical qualification that is required for acceptance onto this scheme is either the full:





Part Four (A) – Work experience evidence check (Plumbing)

Applicant Name				
performed as a plumber. Can yo R (regularly) = H LF (less frequently) = H	ering process please complete the following chart to confirm the activities that you have used therefore indicate your experience level against each criteria using the follow ave regularly and competently worked with or within during the previous 24 months ave competently worked with or within, but with limited experience o experience	wing		
You will also need to confirm the	different range of plumbing systems on which you have completed these work activ	ities:		
Unit Title	Outcomes	R	LF	N
Apply safe working practices in a building services engineering working environment	ding • Demonstrate personal health and safety precautions in the workplace			
	Prepare and use access equipment in the workplace			
	Check that the work area is safe in order to carry out work			
	Liaise with those responsible for health and safety in the workplace			
Install and maintain domestic plumbing and heating systems	ng • Prepare sites for the installation of plumbing and heating systems and components in the workplace			
	Install plumbing and heating systems and components in the workplace			
	Soundness test plumbing and heating systems and components in the workplace			
	Decommission plumbing and heating systems in the workplace			
	Maintain plumbing and heating components in the workplace			
Systems range (indicate how often y	ou have performed the above tasks on the following systems):			
Cold water				
Hot water				
Central heating				
Sanitation				
Rainwater				
I confirm that the above detail	ils are a true reflection of my experience and qualifications.			
Signed Applicant:	Date:			
Signed Applicant.	Date.		1	
				_
For Office Use Only				
Qualifications checked ☐ U	nique Scheme Registration Number			





Part Four (B) – Work experience evidence check (H&V)

Applicant Name				
performed as a H&V Fitter. Can you ploe R (regularly) = Have re	process please complete the following chart to confirm the activities that you ease therefore indicate your experience level against each criteria using the egularly and competently worked with or within during the previous 24 months of more tently worked with or within, but with limited experience erience	followi		•
You will also need to confirm the differ	rent range of H&V systems on which you have completed these work activitien.	es		
Unit Title	Outcomes	R	LF	N
Maintain the safe working environment for HVACR	Use safe procedures Operate in a safe manner Check that the work area is safe in order to carry out work Use safe working practices Working to procedures Using the correct tools Handling potentially hazardous materials			
Maintain Effective Working Relationships	Establish , maintain and develop effective working relationships with others			
	Obtaining information before commencing work			
	Deals with a range of methods of communication	\bot		
	 Establish , maintain and develop effective working relationships with others Obtaining information before commencing work 	+	<u> </u>	
Contribute to the improvement of business products and services for HVACR	Obtaining information before commencing work Promote the image of the business to others			
activities	Identify and recommend opportunities for improving customer care	-		
	Demonstrate environmental awareness within the workplace			
Install Heating & Ventilating Systems and Components	Prepare work locations for the installation of systems and components			
	Carry out the installation of systems and components			
Pre Commission and De Commission Heating and Ventilating Systems	Carry out pre-commissioning checks and tests on systems			
	De-commission systems			
Systems range (indicate how often you have	ve performed the above tasks on the following systems):			
Cold water				
Hot water				
Hot water heating				
Fire protection				
Chilled water				
Warm air heating				
Industrial heating				
I confirm that the above details are Signed Applicant:	Date:			
For Office Use Only				_
Qualifications checked Unique	Scheme Registration Number			