

Registered Design & Technology Health & Safety Consultant (RDTHSC) Application Form

**N.B. Please read the 'RDTHSC NOTES OF GUIDANCE'
(Available on the D&T Association website) before completing this form**

Title: _____ **First Name(s):** _____ **Surname:** _____

Address: _____

Post Code: _____

Personal Email: _____

Work Email: _____

Home Tel: _____

Work Tel: _____

Mobile Tel: _____

D&T Association membership no: _____ (membership required if successful)

Are you a qualified teacher? (Please circle) **YES** **NO**

Professional Information:

Please provide details of your current post:

Job Title: _____

School/ College/ Establishment Name: _____

Address: _____

Employment Start Date: ____/____/____

Education Employment Details:

In chronological order, starting with your present or most recent post, please give details of your EDUCATIONAL employment details.

Name of School:	Town/Postcode	Job Title:	Starting Date:	End Date:

Professional Development:

Please give full details of any CPD, Professional Development or Training you have attended in the last 5 years that will support your application:

Additional Information:

Please provide the details about the D&TA Accreditation Scheme Units you have completed:

Unit	Training Standard	Date of Completion:
PHS	Primary	
SCHS	Secondary Core - Compulsory	
SMHS	Product Design	
STHS	Textiles Technology	
SFHS	Food Technology	
S1HS	Circular Saw	
	Narrow Band Saw	
	Radial Arm or Chop Saw	
	Vertical Panel Saw	
S2HS	Centre Lathe	
S3HS	Casting Non-Ferrous Metals	
S4HS	MMA – Metal Arc Welding	
	MIG	
	MAG	
	TIG	
	Spot Welding	
	Plasma Cutting	
S5HS	Oxyacetylene Welding and Cutting	
S6HS	Vertical Milling Machine	
	Horizontal Milling Machine	
	CNC Milling Machine	
S7HS	Wood Lathe	
S8HS	Overhand Planer	
	Thicknesser	
S9HS	Portable Router	
	Portable Angle Grinder	
	Biscuit Cutter	
	Reciprocating Portable Saw	
	Portable Planing Machine	
	Rotating Portable Saw	
S10HS	Grinding and Sharpening	
S11HS	Site Staff	
S12HS	Technician – Essential knowledge, skills and understanding	

During your application process as a RDTHSC you may be asked to provide evidence of training

Reference Request information:

Please provide details of two referees we can contact to support your application. At least one of the referees must be either your (current/former) Headteacher/ Principal, Line Manager or an existing RDTHSC.

Referee 1

Name: _____

Job Title: _____

Address: _____

Telephone No: _____

Email: _____

Referee 2

Name: _____

Job Title: _____

Address: _____

Telephone No: _____

Email: _____

Please read the following statement and sign below to indicate your agreement:

- I acknowledge an initial RDTHSC Registration fee for £150 for D&T Association members and a £25 annual renewal fee thereafter until the registration process is completed after which I will convert to the RDTHSC member rate.
- Agree to hold 2 types of insurance: **Professional Indemnity and Public Liability cover.**

I have knowledge of the following key health and safety publications:

- D&T Association Health and Safety Training Standards in Design and Technology
- D&T Association Risk Assessment in Secondary School Design and Technology Environments
- BS4163:2021 Health and safety for design and technology in educational and similar establishments – Code of practice
- CLEAPPS Model Risk Assessments for Design and Technology

Following registration as a Registered Design and Technology Health and Safety Consultant I will:

- Agree to follow the RDTHSC Health and Safety Code of Practice
- Agree to attend the compulsory training courses as stated in the RDTHSC Notes of Guidance
- Agree to submit identification documents when requested
- Agree to keep my membership active

Signature: _____

Date: _____