

Appendix 5

Slinger / Signaller Previous Experience Form



Trainee Details

Name: Date:

Home Address:.....

Postcode: Tel:

Previous / Current Licence Details

Does the trainee hold a current Slinger / Signaller licence?

If yes, please provide the name of the training provider:

Name of the Accrediting Body through which this licence was achieved:.....

If applicable, please provide the identity number:

Licence Issue Date: Licence Expiry Date:

Experience Details

How much experience has the trainee had as a Slinger / Signaller (include the type of lifting accessories used)? Please also give details of experience obtained in the last 12 months.

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Details of lifting accessories the trainee will be using in future (include the applications in which they will be used):

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.....

I confirm that I have over 15 hours experience as a Slinger / Signaller within the last 12 months

_____ (Trainee's Signature)

Manager's Name _____ Managers Position _____

Managers Signature- _____

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