

# **Gas Membrane Installation QUN846**

Candidate Profile & Pre Assessment Form

# Gas Membrane Installation NVQ assessment & SUP training

Thank you for your interest in our NVQ assessment & Specialist Upskilling programme.

The outcome of both the **NVQs assessment and Specialist Upskilling programme (SUP)** is the NVQ level 2 award in Gas Membrane Installation

To enable the BGA to direct the learner down the appropriate route to achieving the NVQ qualification this form should be read and completed in full by each candidate and endorsed by the Employer.

**NVQ's** are based on national occupational standards. These standards are statements of performance that describe what competent people in a particular occupation are expected to be able to do.

**NVQs assessment.** is normally through on-the-job observation and questioning. Candidates produce evidence to prove they have the competence to meet the NVQ Units for the qualification.

You will need to achieve several Units that make up the full NVQ qualification. Some of the units will be mandatory and must be completed and others may be optional. Your assessor will discuss each unit in your qualification to ensure that you are able to provide the evidence required. Your assessor will also discuss how the evidence will be collected and by who.

NVQ's must be delivered in English (Welsh or Irish if authorised by Cskills Awards), learners must therefore have an appropriate level of understanding of these languages before their qualification commences. Interpreters and translators are not acceptable for any part of the qualification.

**Specialist Upskilling programme (SUP)** is designed for those who have some experience within the sector but not enough to simply gain the NVQ qualification via assessment route.

It is **not**, however, suitable for individuals who have little or no Gas Membrane Installation knowledge or experience.

The course is designed to provide all learners with an understanding of the sector and the types of products used. During the course operatives will gain an understanding of the properties and chemistries of various synthetic membranes and associated products and gain experience in their application techniques.

The candidates will also be given a general overview of Health, Safety and Welfare on sites together with an overview of the different methods of installation used in the gas membrane sector. This will incorporate types of substrate, foundations, venting media, protection layers and membranes.

Following the successful completion of the training programme, each learner will be assessed on site at NVQ Level 2 to complete the Special Up-skilling Programme (SUP).

## Learner Details

Learner Name:

Age:

Contact details – Telephone:

Email address:

How many years have you worked for your current Employer?

## Employers Details

Company Name:

Company Address:

Contact details – Name:

Telephone:

Email address:

CITB Levy number

What types of contracts are carried out by your Employer?

New	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Refurbishment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Mechanically Fixed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fully Adhered	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hot Air Welding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Solvent Welding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Bonded Laps	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Housing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Commercial	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Industrial	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

What size of contracts are carried out?

0 – 500 m <sup>2</sup>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
500 – 1000 m <sup>2</sup>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Over 1000 m <sup>2</sup>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Gas Membrane Experience**

Have you any gas membrane experience?  Yes  No

If so, how long for?  Years  Months

List the contracts that you have recently worked on stating the approximate size and system that was installed on each:

What different manufacturer systems are you trained to install?

What other types of moisture/damp systems are you skilled to install apart from Gas membrane?

Please complete the following questions as accurate as possible to ensure the correct assessment is carried out on your knowledge:

n°	Questions- please tick box as appropriate	√	√	√
<b>Health &amp; Safety &amp; General Knowledge</b>				
	Are you aware of the following health & safety requirements?	yes	not sure	no
1	Correct use of scaffolding			
2	Safety Risks in the construction industry			
3	Health Risks in the construction industry			
4	Method statements & risk assessments			
5	Maintenance and correct use of PPE			
6	Use & suitability of fire extinguishers			
7	Emergency and first aid procedures			
8	Reasons for site security and safety			
9	Moving and safe storing of resources			
10	Safe handling of materials			
11	Communicate and work with others on site			
12	Communicate with site manager or supervisor			
13	Complete job cards / time sheets			
14	Check delivery notes etc			
<b>Preparation Processes</b>				
	Preparation – Do you know the procedure to check a building for suitability in preparation to install a gas membrane?	yes	not sure	no
15	Types of foundation structures/floor slab construction			
16	Types of insulation / Ventilation			
17	Check for suitability of materials			
18	Check materials for quality and quantity			
19	Ensure that tools and equipment are suitable and in good condition			
20	Who to report any problems or queries to			
21	How to interpret & utilise drawings, specifications, manufacturers information and data.			

### Installation Processes

	Do you, working from your own initiative and given information carry out any of the following?	often	seldom	never
22	Preparation of surfaces			
23	Install ventilation layers			
24	Installation of insulation			
25	Install fully adhered systems			
26	Install mechanically fixed systems			
27	Install loose laid system			
28	Install fully bonded system			
29	Install collector pipes			
30	Install protection layer – geotextile – protection board			
31	Using extrusion welding			
32	Using an automatic welder			
33	Using a hand welder			
34	Priming surfaces and detailing to concrete			
35	Taping joints			
36	Detailing to laps – cross joints; side laps; end laps			
37	Detailing to inspection chambers			
38	Detailing to lift pits - manholes - abutments – perimeters			
39	Detailing to corners – internal & external			
40	Detailing to steel columns / Stanchions			
41	Detailing to soil & vent pipes, service ducts			
42	Detailing to membrane termination battens			
43	Pre & Post Installation Protection systems			
44	Geotextiles installation			

List down any items above that you feel you would like to improve on or learn more about:

## **Equipment**

Do you have an understanding of the tools and equipment used in gas membrane installation?

Yes

No

## **Health & Safety**

Do you have a CSCS card?

Yes

No

If yes what is the colour?

What is your CSCS card registration number?

What is the expiry date on your CSCS card?

List any health & safety courses you have attended in the last three years:

## **Any Other Items**

Please list down any other relevant information that you feel will be of a benefit for your assessment:

eg. Previous training courses that you may have been involved with either practical, theoretical or both. Also other manufacturer courses and experience gained from previous Employers

## **Assessor Questions & Notes**

### **Declaration**

Learner Name:

Learner Signature:

Employer Name:

Employer Signature:

By signing this profiling & assessment form, the candidate & employer acknowledges that the information is correct and reflects on the occupational experience the candidate currently holds. Evidence of false information or failure to provide documentary evidence to support any stated claims in this profile will result in referral to alternative specialist training as identified.



(for internal use)

Planned Start Date:

Planned End Date:

Month 6:

Month 7:

Month 8:

Month 9:

Month 10:

Month 11:

Month 12:

Assessor Name:

Registration Number:

Telephone:

Email address:

Assessor Signature: