



SCOTTISH ELECTRICAL CHARITABLE TRAINING TRUST

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Scottish Charity No. SC 001806



**Training for Approved Electrician
Electrician Statement of Experience**

For you to progress on the Approved Electrician training you must have **2 years as a graded Electrician**. You are required to document 4 jobs, recently undertaken, on the attached Job Records, where you were responsible for the installation, any operatives on the job and any requisitioning of materials for the job. In addition you will have been responsible for Health & Safety, and the Safe Working Practices in accordance with the Electricity at Work Regulations 1989, and also ensuring the installation complied with BS 7671 and any other relevant Regulations, Standards and Codes of Practice.

Ideally you should complete these Job Records once you have sufficient experience, and your employer has given you sufficient responsibility for these jobs. We may contact your employer to verify the details on these Job Records.

Please complete your personal details below and, once you have completed the final job you should enter your current employer details.

Name: _____ **NI Number:** _____
Address: _____ **Post Code:** _____
Tel. No: _____ **Mobile No:** _____
Current Employer: _____
Contact Name: _____
Address: _____ **Post Code:** _____
Tel. No: _____

Important Note: Please enter the date your SJIB Electricians Grade Card expires:..... Without this your application can not be processed.

You are required to document your experience as an electrician on the attached Job Records, providing as much detail as possible.

It should record your ability to carry out electrical installation work with adequate technical and supervisory knowledge, to be able to work on your own proficiently and carry out installation work without supervision in the most efficient and economical manner. In addition it should record that you are able to set out jobs from drawings and specifications, and requisition the necessary installation materials.

Ideally the jobs detailed overleaf should be installations, or parts of larger installations, that you were responsible for. This responsibility should cover the areas detailed above in relation to technical and supervisory knowledge, setting out work from drawings, etc., and undertaking the work in an efficient and cost effective manner.

Note: All Job Records must be completed and signed off by your employer, and returned to SECTT at the above address.

SECTT will review your Statement of Experience and the Job Records, and if everything is in order SECTT will retain a copy, send you the original, and forward a copy to your employer for his records. An Employer Declaration form and an ACA application form will also be sent to your employer. Your employer will complete and return the Employer Declaration form and the ACA application form and if everything is in order SECTT will arrange a suitable date with your employer for you to attend the ACA. Once this booking has been confirmed, SECTT will provide you with further details of the ACA.

For SECTT Office Use Only

Form Checked by Date Authorised by Date

Job Record No. 1

Brief description: _____

Date of Job: _____ Duration: _____ Days

Location: Street _____

Town _____

Postcode _____

- Did you set out the job from drawings and specification Y N
- Did you requisition materials for the job Y N
- Did you supervise other operatives on the job Y N

- If yes:
- Number of Electricians _____
 - Number of Apprentices _____
 - Number of Adult Trainees _____
 - Number of Labourers _____

- Were there any particular technical aspects of the work that you assisted with or carried out Y N

If yes brief description: _____

- Did you undertake any Safe Isolation procedures Y N
- Did you undertake any Inspection and Testing Y N
- Did you undertake any Commissioning Y N
- Did you undertake any Live Working (including testing) Y N
- If yes was it in compliance with the Electricity at Work Regulations 1989 Y N
- Did the installation comply with current edition of BS 7671 Y N
- Did you apply all relevant Health and Safety Legislation Y N
- Did the installation comply with:
 - Electricity Safety, Quality & Continuity Regulations 2002 Y N/A
 - Relevant British and European Standards (if applicable) Y N/A
 - Relevant Codes of Practice (if applicable) Y N/A
- Did you read and understand Risk Assessments applicable to the job Y N
- Did you complete the work in the most efficient and economical manner Y N

Any additional comments: _____

***To be completed by employer at the time of undertaking this job.**

Employer: _____

Supervisor/manager: Name _____

Signature _____

Date _____

Contact Tel. No. _____

***By signing this form you confirm that the electrician undertook the above job with a level of competence and capability you would expect from them, and that they have the potential to be re-graded to Approved status (in accordance with the SJIB grading definition), upon successful completion of the ACA.**

Job Record No. 2

Brief description: _____

Date of Job: _____ Duration: _____ Days

Location: Street _____
Town _____
Postcode _____

- Did you set out the job from drawings and specification Y N
- Did you requisition materials for the job Y N
- Did you supervise other operatives on the job Y N

If yes:

- Number of Electricians _____
- Number of Apprentices _____
- Number of Adult Trainees _____
- Number of Labourers _____

- Were there any particular technical aspects of the work that you assisted with or carried out Y N

If yes brief description: _____

-
- Did you undertake any Safe Isolation procedures Y N
 - Did you undertake any Inspection and Testing Y N
 - Did you undertake any Commissioning Y N
 - Did you undertake any Live Working Y N
 - If yes was it in compliance with the Electricity at Work Regulations 1989 Y N
 - Did the installation comply with current edition of BS 7671 Y N
 - Did you apply all relevant Health and Safety Legislation Y N
 - Did the installation comply with:
 - Electricity Safety, Quality & Continuity Regulations 2002 Y N/A
 - Relevant British and European Standards (if applicable) Y N/A
 - Relevant Codes of Practice (if applicable) Y N/A
 - Did you read and understand Risk Assessments applicable to the job Y N
 - Did you complete the work in the most efficient and economical manner Y N

Any additional comments: _____

***To be completed by employer at the time of undertaking this job.**

Employer: _____

Supervisor/manager: Name _____
Signature _____
Date _____
Contact Tel. No. _____

***By signing this form you confirm that the electrician undertook the above job with a level of competence and capability you would expect from them, and that they have the potential to be re-graded to Approved status (in accordance with the SJIB grading definition), upon successful completion of the ACA.**

Job Record No. 3

Brief description: _____
Date of Job: _____ Duration: _____ Days
Location: Street _____
Town _____
Postcode _____

- Did you set out the job from drawings and specification Y N
 - Did you requisition materials for the job Y N
 - Did you supervise other operatives on the job Y N
- If yes:
- Number of Electricians _____
 - Number of Apprentices _____
 - Number of Adult Trainees _____
 - Number of Labourers _____
- Were there any particular technical aspects of the work that you assisted with or carried out Y N
- If yes brief description: _____

-
- Did you undertake any Safe Isolation procedures Y N
 - Did you undertake any Inspection and Testing Y N
 - Did you undertake any Commissioning Y N
 - Did you undertake any Live Working Y N
 - If yes was it in compliance with the Electricity at Work Regulations 1989 Y N
 - Did the installation comply with current edition of BS 7671 Y N
 - Did you apply all relevant Health and Safety Legislation Y N
 - Did the installation comply with:
 - Electricity Safety, Quality & Continuity Regulations 2002 Y N/A
 - Relevant British and European Standards (if applicable) Y N/A
 - Relevant Codes of Practice (if applicable) Y N/A
 - Did you read and understand Risk Assessments applicable to the job Y N
 - Did you complete the work in the most efficient and economical manner Y N

Any additional comments: _____

***To be completed by employer at the time of undertaking this job.**

Employer: _____
Supervisor/manager: Name _____
Signature _____
Date _____
Contact Tel. No. _____

***By signing this form you confirm that the electrician undertook the above job with a level of competence and capability you would expect from them, and that they have the potential to be re-graded to Approved status (in accordance with the SJIB grading definition), upon successful completion of the ACA.**

Job Record No. 4

Brief description: _____

Date of Job: _____ Duration: _____ Days

Location: Street _____
 Town _____
 Postcode _____

- Did you set out the job from drawings and specification Y N
- Did you requisition materials for the job Y N
- Did you supervise other operatives on the job Y N

If yes:

- Number of Electricians _____
- Number of Apprentices _____
- Number of Adult Trainees _____
- Number of Labourers _____

- Were there any particular technical aspects of the work that you assisted with or carried out Y N

If yes brief description: _____

- Did you undertake any Safe Isolation procedures Y N
- Did you undertake any Inspection and Testing Y N
- Did you undertake any Commissioning Y N
- Did you undertake any Live Working Y N
- If yes was it in compliance with the Electricity at Work Regulations 1989 Y N
- Did the installation comply with current edition of BS 7671 Y N
- Did you apply all relevant Health and Safety Legislation Y N
- Did the installation comply with:
 - Electricity Safety, Quality & Continuity Regulations 2002 Y N/A
 - Relevant British and European Standards (if applicable) Y N/A
 - Relevant Codes of Practice (if applicable) Y N/A
- Did you read and understand Risk Assessments applicable to the job Y N
- Did you complete the work in the most efficient and economical manner Y N

Any additional comments: _____

***To be completed by employer at the time of undertaking this job.**

Employer: _____
 Supervisor/manager: Name _____
 Signature _____
 Date _____
 Contact Tel. No. _____

***By signing this form you confirm that the electrician undertook the above job with a level of competence and capability you would expect from them, and that they have the potential to be re-graded to Approved status (in accordance with the SJIB grading definition), upon successful completion of the ACA.**