

SOCIETY OF PROFESSIONAL ROPE ACCESS TECHNICIANS
 Evaluator Application



CANDIDATE INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State/Province	Postal Code	
Phone	E-mail Address		
SPRAT Certification Number	Current Level	Certification Date	
REQUIRED DOCUMENTATION			
Please attach copies of the following documents with the application:			
Professional Resume	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
First Aid Certification	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Expiration
CPR Certification	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Expiration
Logbook with 1000 hours of experience	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Must demonstrate a diverse background and knowledge of a wide variety of rope access and rescue techniques and equipment.
Written recommendations from two currently certified SPRAT Evaluators	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
PLEASE TELL THE COMMITTEE.... (Attach additional sheets if necessary)			
Why are you applying to become a SPRAT Evaluator?			
In your opinion, what are the primary responsibilities of the SPRAT Evaluator?			
Do you have experience fulfilling these types of responsibilities? If so, please describe:			



Evaluator Contract

By signing this agreement, I acknowledge the following:

1. I understand that as a SPRAT evaluator, I am not an employee of SPRAT.
2. I will represent SPRAT in the best professional manner at all times.
3. I agree to conduct evaluations consistent with the *Certification Requirements for Rope Access Work* and procedures established by the Evaluations Committee.
4. I will ensure that all rope access techniques and procedures used during the evaluation are consistent with SPRAT's *Safe Practices for Rope Access Work*. I understand that this standard is a national consensus standard and is performance-based. As such, I agree to follow SPRAT testing procedures and to apply the standards set forth by SPRAT regardless of my personal preferences for procedures, equipment, and/or techniques.
5. I understand that SPRAT is an organization independent of training, service and/or equipment providers, and I agree that I will ensure that this independence is maintained at all times during the certification process.
6. I will notify the SPRAT office and Evaluations Committee in advance of any links or commercial interests which might make my impartiality suspect.
7. I agree to respect and follow any decisions made by the SPRAT board or Evaluations Committee with respect to my role as an Evaluator.
8. I will maintain my SPRAT membership, Level III Technician certification, and First Aid and CPR certifications in good standing.
9. I understand that in order to maintain my independent status from the candidate, I must not have been employed by the candidate's company or the trainer for at least 6 months prior to the evaluation.
10. I will ensure that the host has completed an appropriate hazard assessment, rescue procedures are in place, and proper permits for conducting training and evaluations have been obtained prior to conducting the evaluation.
11. I will not disclose confidential and proprietary information acquired during the course of the Evaluation unless the information pertains to practices that are clearly inconsistent with SPRAT standards and requirements.
12. I will not approach training staff, candidates, or clients for the purposes of recruitment or future business opportunities.
13. I will make every effort to attend an Evaluator's Workshop at least annually and understand that I must attend one every two years to maintain my status as an evaluator.
14. I understand that my status as an evaluator is reviewed every three (3) years by the Evaluation Committee and that my performance history and availability will be considered prior to issuing a recertification.

Printed Name

Date

Signature