

Employer Application Form

For

Upgrading of Operative

I declare that I am in support of _____ being upgraded to the grade of _____ and confirm that they possess and carry out the necessary work tasks expected of them.

Operative's Name:

Operative's National Insurance No:

Company Name:

Operative's Address:

.....

Employer's Name:

Position within company:

Signed:

Date:

Return completed form to:

info@snijib.org

or

SNIJIB Bellevue House

22 Hopetoun Street

Edinburgh

EH7 4GH