An Coimisiún um Rialáil Fóntas

**Commission for Regulation of Utilities**

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| Gas Recognition Process Application Form (International Qualifications) - Registered Gas Installer Scheme |

**Supporting CRU documentation**

**You must read this document in conjunction with the below:**

* The Guidance Notes Document for the Gas Recognition Process for International Qualifications.
* The Essential Learning Outcomes/Key Understandings Document for the Accepted Irish Professional Qualifications.

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| **This Form is for the Domestic Gas Works Scheme Only** |

Your data will be processed in line with the CRU’s privacy notice (see: [www.cru.ie/privacy-statement](http://www.cru.ie/privacy-statement)). By completing this form, you consent to our sharing your personal information with third parties, as required, in order to process your application (e.g. Safe Electric or RGII, competent authorities, regulatory bodies, previous employers or training providers).

# **Checklist**

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| You must complete all the tasks on the checklist before submitting your application and attached supporting documents by email to [gasrecognition@cru.ie](mailto:gasrecognition@cru.ie) |

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| **No.** | **Task** | **Completed?** |
| **1** | I have read and understood the Guidance Notes. |  |
| **2** | I have read and understood the Essential Learning Outcomes/Key Understandings. |  |
| **3** | I have completed all relevant sections of the application form electronically. |  |
| **4** | I have attached a certified copy of identification e.g. passport, national ID card, driver’s licence (see Guidance Notes Section 3). |  |
| **5** | I have attached a certified copy of proof of nationality e.g. passport, national ID card, birth certificate (see Guidance Notes Section 3). |  |
| **6** | I have attached a copy of eligibility to carry out gas works from the relevant Competent Authority / Regulatory Body, where applicable outlined in Section 3 (see Guidance Notes Section 2.3). |  |
| **7** | I have attached a copy of all professional qualification(s) outlined in Section 4. |  |
| **8** | I have attached a copy of all official transcripts for the relevant professional qualification(s) awarded. |  |
| **9** | I have attached descriptions of the qualification(s) content - learning outcomes, course syllabus / handbook showing details of the subjects taken each year, the subject content and the number of hours of study in each subject. |  |
| **10** | All qualification documents have been stamped/signed by the relevant awarding Body / Institute. |  |
| **11** | I have attached the references (including contact details) for the relevant work experiences(s) outlined in Section 5. |  |
| **12** | I have attached copies of all documents listed in the Supporting Documentation tables of each section. |  |
| **13** | All attached documentation has been translated into English by a certified translator, where applicable. |  |
| **14** | Your data will be processed in line with the CRU’s privacy notice (see: [www.cru.ie/privacy-statement](http://www.cru.ie/privacy-statement)). By completing this form, you consent to our sharing your personal information with third parties, as required, in order to process your application (e.g. Safe Electric or RGII, competent authorities, regulatory bodies, previous employers or training providers). |  |
| **15** | I will pay the professional qualifications application fee in full (€250) in line with RGII’s payment process (see Guidance Notes Section 1.7). |  |

# **Personal Details**

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| **All parts of this section must be completed** |

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| **Eligibility**   * Do you have a relevant professional qualification? If not, your application will be rejected. See Guidance Notes Section 2.4 * Are you an eligible person? If not, your application may be delayed. See Guidance Notes Section 2.2. * Has your qualification(s) been obtained/recognised in one of the 29 Member State countries? If not, your application may be delayed. See Guidance Notes Section 2.4. |

|  |  |
| --- | --- |
| Full Name: |  |
| Previous Names, if any |  |
| Date of Birth: |  |
| Nationality: |  |
| Country of citizenship: |  |
| Are you an eligible person? (See Guidance Notes Section 2.2): | Yes  No  If No, your application may be delayed (see Guidance Notes) |
| Please provide further details if you an eligible person and not a national of an EEA[[1]](#footnote-1) Member State (see Guidance Notes Section 2.2): |  |
| Home Address  Address 1:  Address 2:  Address 3:  Postal code:  Country: |  |
| Direct Phone / Mobile Number: |  |
| **Note:** By providing my phone/mobile number I consent to being contacted by phone | |
| Personal Email: |  |
| **Note:** By providing my personal email address I consent to being contacted by email | |

## **2.1 Relevant Supporting Documentation**

You must attach copies of the following:

* **Proof of identification** (passport, national photo ID card, photo driving licence, etc.).
* **Proof of nationality** (passport, national photo ID card, birth certificate, etc.).
* See Section 3 of the guidance notes for further information on non-EEA eligible persons.

With the exception of EEA passports / EEA photo driving licences, all proof of identification and nationality **must be certified** by a solicitor, lawyer, notary public or member of An Garda Síochána. Must be stamped by the certifier.

If the documentation is not in English, the applicant must supply a copy of the original **and** a version translated into English by a certified translator.

Please list the relevant documentation attached in the table below.

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| Detail of Item Submitted | Certified? | In English? | Translated? |
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| **Expand the above rows as necessary** |

# **Proof you are Qualified to Carry Out Gas Works in the Country of your Qualification(s):**

## 3.1 Are you qualified, or were you previously qualified, to carry out gas works in the country in which your qualification(s) were obtained/recognised?

## See to Section 2.3 of the Guidance Notes.

Yes  No

If Yes, continue to 3.2

If No, this application will be rejected

## 3.2 Is the profession of Gas Installer regulated in the country in which your qualification(s) were obtained/recognised i.e. RGII or equivalent?

## See Section 2.3 of the Guidance Notes.

Yes  No

If Yes, continue to 3.3

If No, skip to Section 4

## 3.3 Please provide the details of the Competent Authority / Regulatory Body that can confirm your qualification entitles you to practise in your profession in the country where it was obtained.

**If gas works are not regulated in the country where your qualifications are obtained/recognised please skip to Section 4. See Section 2.3 of the Guidance Notes.**

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| **Note:** If the country where your qualification was obtained/recognised regulates gas works (see Appendix 1 of the Guidance Notes), you must provide proof that you are qualified to carry out gas works in that count. Failure to present documentary evidence can result in your application being delayed or rejected. See guidance notes. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Competent Authority / Regulatory Body: | |  | | English |
|  | | Original Language |
| Address 1:  Address 2:  Address 3:  Postal code:  Country: | |  | | |
| Email address: | |  | | |
| Phone Number (include country area code): | |  | | |
| **Please list the domestic gas works you are registered to undertake.**  **If your registration is general rather than in categories, please state ‘all’.**  Note: this is for registration categories only – qualifications / training should be given in Section 4.  . | | | | |
| Are you currently or were you previously registered with this Competent Authority / Regulatory Body?  If Yes, please complete the following. If No, skip to 3.4. | | | Yes | No |
| Your registration / licence number: | | |  | |
| Date(s) of registration: | | | From: | To: |
| Professional title under which you are/were registered: | | |  | English |
| Original Language |
| Have you ever been sanctioned / disciplined while you were registered? If Yes, please provide details: | | | Yes  No | |
| Yes: |  | | | |

## **3.4 Relevant Supporting Documentation**

You must attach copies of the following:

* If the country where your qualification was obtained/recognised **regulates gas works** (see Appendix 1 of the Guidance Notes), you must **provide proof that you are/were qualified** to carry out gas works in that country (letter of registration or ID card, confirmation from the Competent Authority / Regulatory Body, etc.).
* See Section 2.3 of the guidance notes for further information on non-EEA eligible persons.

**Note:** Only **certified copies of ID cards** will be accepted. Certified copy means it has been certified as a true copy of the original by a solicitor, lawyer, notary public or member of An Garda Síochána only. **Letters of registration** do not need to be certified but must be written on headed paper and/or stamped by the Competent Authority / Regulatory Body.

If the documentation is not in English, the applicant must supply a copy of the original **and** a version translated into English by a certified translator.

Please list the relevant documentation attached in the table below.

|  |  |  |
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| Detail of Item Submitted | In English? | Translated? |
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| **Expand the above rows as necessary** |

# **Qualification(s) for Recognition**

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| **For your application to be valid you must have some relevant professional qualifications**  Qualifications in the following sectors are relevant to the RGI scheme:   * Gas * Plumbing * Gas fitter or Pipefitting * Refrigeration * Electrical qualification(s). **Note:** Applicants with electrical qualification will need an additional relevant qualification(s) and experience related to gas; Applicants holding only an electrical craft certificate/relevant qualification(s) will be assessed to demonstrate electrical competence with the Safe Electric scheme. Once an applicant has demonstrated competency, he/she will be eligible to attend the DGS award.   and/or   * Qualification(s) which have qualified you to practise as a Gas Installer in the country within the EEA where it was obtained/recognised.   Please detail **all** of your relevant qualifications.  **If you do not provide evidence of relevant professional qualification(s) your application will be rejected.**  If your qualification(s) have been obtained/recognised by a non-EEA state, your application may be delayed (see Guidance Notes).  Two tables are provided below:   * **Type A**: longer courses (1 or more years) such as apprenticeship qualifications * **Type B**: shorter (less than 1 year) relevant qualifications.   **Note:** You must copy and insert a new table (Type A or Type B) for each additional relevant qualification you wish to include. See Guidance Notes for more information. |

## **4.1 Type A Qualification(s) (1 or more years)**

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| **Note:** If your qualification was less than one year long use Type B table below. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Relevant Professional Qualification No. 1 (Type A: 1 or more years)** | | | |
| Country of Qualification | |  | |
| Title of Qualification | |  | English |
|  | Original Language |
| Name of Awarding Body / Institution | |  | English |
|  | Original Language |
| Address 1:  Address 2:  Address 3:  Postal Code:  Country: | |  | |
| Email / Website Address | |  | |
| Start Date (dd/mm/yyyy) | |  | |
| Completion Date (dd/mm/yyyy) | |  | |
| Study | | Full-time  Part-time | |
| List of subjects /modules |  | | |
| Number of hours: practical / on site |  | | |
| Number of Hours: theory / classroom |  | | |
| Examination(s) / assessment method(s) |  | | |
| Result(s) / grade(s) achieved |  | | |

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| **Add additional relevant Type A qualification(s) below by copying and inserting the above table as necessary.** |

## **4.2 Type B Qualification(s) (shorter than 1 year)**

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| **Note:** If your qualification was more than one year long use Type A table above. |

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| --- | --- | --- | --- |
| **Relevant Professional Qualification No. 2 (Type B: shorter than 1 year)** | | | |
| Country of Qualification | |  | |
| Title of Qualification | |  | English |
|  | Original Language |
| Name of Awarding Body / Institution | |  | English |
|  | Original Language |
| Address 1:  Address 2:  Address 3:  Postal Code:  Country: | |  | |
| Email / Website Address | |  | |
| Start Date (dd/mm/yyyy) | |  | |
| Completion Date (dd/mm/yyyy) | |  | |
| Study | | Full-time  Part-time | |
| List of subjects /modules |  | | |
| Number of hours: practical / on site |  | | |
| Number of Hours: theory / classroom |  | | |
| Examination(s) / assessment method(s) |  | | |
| Result(s) / grade(s) achieved |  | | |

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| **Add additional relevant Type B qualification(s) below by copying and inserting the above table as necessary.** |

## **4.3 Relevant Supporting Documentation**

For each of your professional qualifications (Type A and Type B) You must attach copies of the following:

* **Certificate of qualification**
* **Official transcripts**

**Note:** The copies must be accredited (on headed paper and stamped/signed) by the relevant awarding body / institution.

If the documentation is not in English, you must supply a copy of the original **and** a version translated into English by a certified translator.

Please list the relevant documentation attached in the table below.

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| Detail of Item Submitted | In English? | Translated? |
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# **Professional Experience**

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| Use this section to show you have the level of work experience to become registered in the scheme  Please give a summary of your relevant work experience relating to gas (and plumbing, fitter/pipefitting, refrigeration, and/or electrical, as applicable).  List your experience starting with the most recent. It will be assumed that you are not working in your profession for any period not accounted for.  Three tables are provided below. **Note:** You must copy and insert a new table for each additional relevant work experience you wish to include. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relevant Work Experience 1 – Current/Most Recent Employment** | | | | |
| Employer | |  | | |
| Address 1:  Address 2:  Address 3:  Postal code:  Country: | |  | | |
| Phone number | |  | | |
| Email address | |  | | |
| Job title | |  | | |
| Start Date (mm/yyyy) | |  | End Date (mm/yyyy) |  |
| Period in years / months | |  | | |
| Main duties: |  | | | |

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| **Relevant Work Experience 2 – Second Most Recent Employment** | | | | |
| Employer | |  | | |
| Address 1:  Address 2:  Address 3:  Postal code:  Country: | |  | | |
| Phone number | |  | | |
| Email address | |  | | |
| Job title | |  | | |
| Start Date (mm/yyyy) | |  | Start Date (mm/yyyy) |  |
| Period in years / months | |  | | |
| Main duties: |  | | | |

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| **Expand the above rows as necessary** |

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| --- | --- | --- | --- | --- |
| **Relevant Work Experience 3 – Third Most Recent Employment** | | | | |
| Employer | |  | | |
| Address 1:  Address 2:  Address 3:  Postal code:  Country: | |  | | |
| Phone number | |  | | |
| Email address | |  | | |
| Job title | |  | | |
| Start Date (mm/yyyy) | |  | Start Date (mm/yyyy) |  |
| Period in years / months | |  | | |
| Main duties: |  | | | |

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| **Expand the above rows as necessary** |

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| **Add additional relevant work experience(s) below by copying and inserting the above table as necessary.** |

## **5.1 Relevant Supporting Documentation**

You must attach copies of the following:

* **At least one employment reference** written on headed paper/email by a named person and dated

**Note:** contact details alone will not be accepted

If the documentation is not in English, the applicant must supply a copy of the original **and** a version translated into English by a certified translator.

Please list the relevant documentation attached in the table below.

|  |  |  |
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| Detail of item submitted | In English? | Translated? |
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| **Expand the above rows as necessary** |

# **Learning Outcomes/Key Understandings**

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| Use this section to provide examples from your professional experience and qualifications, to show how you have met each relevant Essential Learning Outcome / Key Understanding.   * **All applicants** must complete **Table 6.1** detailing **gas works** experience and qualification(s)   You must then review which – if any – of the accepted qualification(s) you hold. If you have:   * **Plumbing** qualification(s) - complete **Table 6.2** * **Fitter/Pipefitting** qualification(s) - complete **Table 6.3** * **Refrigeration** qualification(s) - complete **Table 6.4**. |

## **6.1 The Domestic Gas Safety (DGS) Award**

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| **All parts of Section 6.1 must be completed**.  For each Essential Learning Outcome, please provide examples from your work and training experience. Expand text boxes as required.  If you do not have experience as a Gas Installer or a particular Essential Learning Outcome, you must state ‘Not applicable’ in the allocated space. |

|  |  |
| --- | --- |
| **No.** | **DGS Award - Essential Learning Outcomes** |
| **1** | Give examples of your knowledge of legislation / regulations and Standards in Ireland and elsewhere appropriate to domestic gas works, regarding the following:   |  | | --- | | * Building regulations |  |  | | --- | | * Gas standards |  |  | | --- | | * Health and safety |  |  | | --- | | * Any other details that would highlight your experience | |
| **2** | Give examples of your practical work experience of the following:   |  | | --- | | * Installation process for domestic systems |  |  | | --- | | * Open flue and Decorative Fuel Effect gas fires |  |  | | --- | | * Safety assessment on a domestic gas installation |  |  | | --- | | * Any other details that would highlight your experience | |
| **3** | Provide examples of your experience with the following types of domestic gas works   |  | | --- | | * Incomplete combustion causes and remedies |  |  | | --- | | * Maintenance and repair |  |  | | --- | | * Decommissioning gas fires |  |  | | --- | | * Any other details that would highlight your experience | |
| **4** | For liquid petroleum gas (LPG), give examples of your work experience in the following areas:   |  | | --- | | * Storage and siting cylinders and bulk tanks |  |  | | --- | | * Appliances |  |  | | --- | | * Regulators |  |  | | --- | | * Pipework |  |  | | --- | | * Any other details that would highlight your experience | |
| **5** | Outline times in your employment where you have carried out the following electrical works for domestic gas appliances   |  | | --- | | * Safe electrical isolation |  |  | | --- | | * Electrical minor works [controls, wiring] |  |  | | --- | | * CO alarms [Type A, Type B] |  |  | | --- | | * Any other details that would highlight your experience | |
| **6** | For Leisure Accommodation Vehicles (LAVs) give examples of your work experience in the following areas:   |  | | --- | | * EN 1949 |  |  | | --- | | * Safety checks and procedures |  |  | | --- | | * Any other details that would highlight your experience | |

## **6.2 Plumbing Advanced Craft Certificate**

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| For applicants with Plumbing qualification(s) only. If you **do not** have a Plumbing qualification(s) please **DO NOT** complete the table below. Expand text boxes as required.  If you do not have experience of a particular Essential Learning Outcome, you must state ‘Not applicable’ in the allocated space. |

|  |  |
| --- | --- |
| **No.** | **Plumbing Advanced Craft Certificate - Essential Learning Outcomes** |
| **1** | Describe a central heating installation - gas or other fuel type - that you installed. Give detailed specific information on the following:   |  | | --- | | * Regulation and Legislation |  |  | | --- | | * Design and planning details including type of system pipe type and sizing, heat emitter sizing and jointing methods/tools used |  |  | | --- | | * Safety features of installation |  |  | | --- | | * Commissioning and handing over procedures |  |  | | --- | | * Any other details that would highlight your experience | |
| **2** | Describe in your own words a hot and cold water system that you installed. Give detailed specific information on the following:   |  | | --- | | * Regulation and Legislation |  |  | | --- | | * Design and planning details including type of installation, water quality, pipe sizing, expansion and storage |  |  | | --- | | * Safety features |  |  | | --- | | * Commissioning and handing over procedures |  |  | | --- | | * Any other details that would highlight your experience | |
| **3** | Describe in your own words three separate and varying situations/jobs in heating and cold/hot water systems, considering the following:   |  | | --- | | * Fault and diagnosis |  |  | | --- | | * Maintenance procedures / programmes |  |  | | --- | | * Any other details that would highlight your experience | |

## **6.3 Fitter or Pipefitting Advanced Craft Certificate**

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| For applicants with Fitter/Pipefitting qualification(s) only. If you **do not** have a Fitter or Pipefitting qualification(s) please **DO NOT** complete the table below.  Expand text boxes as required. If you do not have experience of a particular Key Understanding, you must state ‘Not applicable’ in the allocated space. |

|  |  |
| --- | --- |
| **No.** | **Fitter/Pipefitting Advanced Craft Certificate - Key Understandings** |
| **1** | Describe in your own words your experience in thermal processes, with regard to the following:   |  | | --- | | * Various types of welding |  |  | | --- | | * Cutting |  |  | | --- | | * Safety features |  |  | | --- | | * Any other details that would highlight your experience | |
| **2** | Describe in your own words your knowledge of pipe processes. Give detailed specific information on the following:   |  | | --- | | * Materials, components and fittings |  |  | | --- | | * Preparation |  |  | | --- | | * Jointing, bending and testing |  |  | | --- | | * Any other details that would highlight your experience | |
| **3** | Describe in your own words your experience in pipe installation, with regard to the following:   |  | | --- | | * Rigging and assembly |  |  | | --- | | * Components and ancillary piping equipment |  |  | | --- | | * Services and bracketing |  |  | | --- | | * Any other details that would highlight your experience | |
| **4** | Describe in your own words varying situations/jobs in pipefitting installations, considering the following:   |  | | --- | | * Hand and power tools |  |  | | --- | | * Safety features and best practise |  |  | | --- | | * Any other details that would highlight your experience | |

## **6.4 Refrigeration Advanced Craft Certificate**

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| For applicants with Refrigeration qualification(s) only. If you **do not** have a Refrigeration qualification(s) please **DO NOT** complete the table below.  Expand text boxes as required. If you do not have experience of a particular Key Understanding, you must state ‘Not applicable’ in the allocated space. |

|  |  |
| --- | --- |
| **No.** | **Refrigeration Advanced Craft Certificate - Key Understandings** |
| **1** | Please describe in your own words your knowledge of refrigeration, considering the following:   |  | | --- | | * Pipework, brazing and tubing |  |  | | --- | | * Testing procedures – Pressure and leaking |  |  | | --- | | * Safety procedures and commissioning |  |  | | --- | | * Any other details that would highlight your experience | |
| **2** | Describe in your own words your knowledge of electrical installations relating to refrigeration and air conditioning, with regard to the following   |  | | --- | | * Earth/bonding and testing |  |  | | --- | | * Cables, controls and wiring components |  |  | | --- | | * Solenoid valves and thermostats |  |  | | --- | | * Transformers |  |  | | --- | | * Safety procedures and commissioning |  |  | | --- | | * Any other details that would highlight your experience | |
| **3** | Describe in your own words three separate and varying situations/jobs in refrigeration and air conditioning, considering the following   |  | | --- | | * Fault and diagnosis |  |  | | --- | | * Maintenance procedures / programmes |  |  | | --- | | * Any other details that would highlight your experience | |
| **4** | Describe in your own words varying situations/jobs in refrigeration installations, considering the following:.   |  | | --- | | * Hand and power tools |  |  | | --- | | * Safety features and best practise |  |  | | --- | | * Any other details that would highlight your experience | |

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| Once you have completed the application form, please confirm the checklist on page two before submitting the application form and supporting documents as attachments to: [gasrecognition@cru.ie](mailto:gasrecognition@cru.ie) |

1. European Economic Area (EEA) - The 27 Member States of the European Union and Iceland, Norway and Liechtenstein. It is noted that specific rules also apply for Switzerland. [↑](#footnote-ref-1)