



## Qualified Faller Trainer Information and Application Package

The Qualified Faller Trainer (QFT) course has been designed to prepare experienced fallers to instruct the BC Faller Training Standard (BCFTS) program in a one-on-one setting to new and existing fallers. QFT's are responsible for training only those individuals who have demonstrated the necessary skills and attitudes to fall trees in a forestry operation without undue risk, as set out in the BCFSC program. The course can accommodate up to six participants. The majority of the training will be conducted at a field site. Participants are required to bring their own falling equipment that meets "Best Practice" as outlined in the BC Faller Training Standard.

### **Entrance Requirements:**

- Must be a BCFSC certified faller
- Must have a letter of recommendation from an employer or training agency
- Must have at least seven years of documented experience as a faller (indicated in a letter from the employer or a copy of the faller's logbook)
- \*Must achieve minimum 90% on the BC Faller Training Standard written exam and the Field Examination & Evaluation within one year of the QFT course
- Must have a current First Aid ticket

\*Upon acceptance into the QFT course, BCFSC will coordinate faller re-evaluations as required. This process is time sensitive and may require flexibility in your schedule.

### **Duration:**

The QFT course is a six-day course that covers the following topics:

- Lesson Planning
- Roles in the Training Environment
- Field Activities
- Legislation, Regulation and Safety
- Competency Based Systems
- Learning
- Coaching Skills

### **Pre-Course Reading Requirements:**

Prior to attending the course, the participant is required to complete the required on-line modules. Access to the on-line modules will be provided upon acceptance into the course. The online modules include:

- Describe and Apply Instructional Attributes and Techniques
- Plan Training Logistics
- Develop, Implement, and Modify Lesson Plans
- Facilitate Group Learning
- Describe and Apply Fundamentals of Coaching



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### Learning Outcomes:

At the completion of the course, participants will be able to demonstrate basic adult education principles and participate in the delivery of the New Faller Training Program.

### In-Course Assessment Requirements:

Course assessment is based upon successful completion of:

- Trainer modules on-line
- Attendance in class and active participation during all training modules
- QFT Instructor Assessment Checklist
- Development, delivery, and modification of three lesson plans
- Development and implementation of three coaching plans
- Facilitate group training

By the end of the course, participants must meet the standard for the following criteria of the QFT Instructor Assessment Checklist:

- Displays a good attitude
- Communicates effectively
- Actively engaged in program activities
- Fosters a culture of safety

Participants and instructors will complete the daily assessment checklist and discuss the results together to confirm how the participant is progressing. It will be identified whether the participant is meeting the standard, partially meeting the standard or not meeting the standard. The expectation is the instructor will work with the participant to improve the participant's performance in identified areas, if required. Participants who have not met the standard by day three will be made aware of the concern and may be terminated from the program or offered further support and opportunities to continue to attempt to meet the standard.

If the participant is terminated, withdraws from the program or does not successfully complete all the requirements, refer to the **Termination and Withdrawal** section below.

### Qualification Requirements:

- Complete Trainer modules on-line
- Attend Qualified Faller Training session
- Portfolio of evidence (lesson plans, coaching plans, facilitate group training – completed during the course)
- Successful completion of the Trainer Summative Competency Conversation
- Complete Faller modules on-line



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### **Transportation to Marshalling Area:**

Participants will be expected to arrange their own transportation to the designated marshalling area. In most cases, the marshalling area is the meeting room where the classroom portion of the training is delivered. Transportation to the field site will be organized at the marshalling area.

### **Accommodation & Food Requirements:**

Accommodation is the responsibility of the participants. Every effort is made to identify accommodation options within close proximity to the field training site. Participants enrolled in the Qualified Faller Trainer Program will receive accommodation information as soon as it becomes available.

BCFSC is not responsible for damage, loss of equipment or extra fees incurred at participant accommodation(s) during the course of the program.

Participants are responsible for their own meals.

### **Tuition:**

Once you have been accepted into the program, a BCFSC representative will contact you to discuss the tuition cost.

### **Terminations and Withdrawals:**

It is incumbent of the instructor to apply “due diligence” and in doing so, to assess the likelihood of the participant to be able to achieve the appropriate skill level to work professionally as a QFT. If any concerns are identified, the instructor will create a plan and work with the participant to address the concern. If the concern has not been resolved, the participant may be terminated from the program and issued a pro-rated refund for tuition. Accommodation arrangements vary and it may or may not be possible to receive a pro-rated refund for accommodation expenses paid. All withdrawals from the program must be followed up in writing by the participant.

If the standard is partially met for any required skills on the QFT Instructor Assessment Checklist, the participant will have the opportunity to receive additional training at their own expense.

### **Session Dates & Locations:**

BCFSC will contact successful applicants with upcoming dates and locations.

### **Application:**

Submit a completed application form clearly indicating how you meet entrance requirements for this competitive process. Successful applicants will be notified with further instructions for the next available course. Applicants that are not successful will be notified in writing.

Please don't hesitate to contact BCFSC's Falling Department if you have any additional questions.



## Qualified Faller Trainer Information and Application Package

### APPLICATION FORM

**Note:** Please review the associated information package prior to completing the application. In order to process your application, please ensure it is fully completed, signed, and dated.

#### A. Personal Contact Information *(complete fully and print clearly)*

Legal Name (First, Middle, Last):		Faller Certification #:	
Date of Birth (MM/DD/YYYY):			
Mailing Address (Street & PO Box if applicable):			
City/Town:		Province:	Postal Code:
Home Phone Number:	Cell Phone Number:		Email:
Work Phone Number:		Preferred means of contact:	
Emergency Contact Name:		Emergency Contact Phone Number:	
Date of Falling Supervisor Training:	Certified Falling Supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Aid Level:			



## Qualified Faller Trainer Information and Application Package

B. Company Contact Information		
Legal Name of Current Employer:		Email <b>AND/OR</b> phone number of Current Employer:
Legal Name of Own Company (If Applicable):	Trade Name or "Operating As" Name:	WorkSafeBC Account #
Mailing Address (Street & PO Box if applicable):		
City:		Postal Code:
Phone Number:		Email:
Please provide either your employer's or your own WorkSafeBC account number as you are required to have coverage while participating in the course. WSBC # _____		



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#### C. Work Experience - Falling

A minimum of seven years of documented experience as a faller is required to apply for the QFT Program. Complete the table below confirming your experience. If more space is required, attach an extra piece of paper.

<i>Employer Name, Phone # &amp; Location Worked</i>	<i>Length of Employment Provide # of days &amp; years</i>
	___ days in _____ (year)
	___ days in _____ (year)
	___ days in _____ (year)
	___ days in _____ (year)

#### D. Work Experience – Training

Please list your experience as a Trainer below. If more space is required, attach an extra piece of paper.

<i>Employer Name, Phone # &amp; Location Worked</i>	<i>Length of Employment Provide # of days &amp; years</i>
	___ days in _____ (year)
	___ days in _____ (year)
	___ days in _____ (year)
	___ days in _____ (year)

**Note: BCFSC may contact the above employers.** It is the responsibility of the applicant to ensure that contact information is available, and the employers respond when contacted by BCFSC. If the employers cannot be contacted, it may result in your application being delayed.



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E. Employer Endorsement	
Check one of the boxes below to indicate how you have met the requirement of an employer endorsement.	
<input type="checkbox"/> Your employer has completed the endorsement below <b>OR</b>	
<input type="checkbox"/> You have attached a letter of endorsement from your employer, with equivalent information.	
Employer Name:	Employer Phone #
Employer Address:	Employer Email:
Applicant's Experience (Describe the applicant's work relationship/history with your company. Include duties and length of employment):	
Attestation:	
<input type="checkbox"/> I attest that the information I have provided is complete and accurate and represent to BC Forest Safety Council that it is my opinion that this applicant has the appropriate experience and professionalism to apply to this program.	
Employer Signature:	Date:



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F. Applicant Signature		
<p><b>Program Requirements:</b></p> <p><input type="checkbox"/> Please check the box that you have read the information package and agree to the program requirements.</p>		
<p><b>Privacy Statement:</b></p> <p>BC Forest Safety Council (BCFSC) is committed to protecting the privacy of any personal information you may provide when submitting an application form to us. BCFSC complies with the Freedom of Information and Protection of Privacy Act and discloses the information that could be shared with other parties.</p> <p>I confirm that the information provided is complete and accurate; I authorize BCFSC to verify its accuracy.</p>		
Applicant Name (Print):	Applicant Signature:	Date:

**Send completed applications to BCFSC via:**

1. Email: [faller@bcforestsafe.org](mailto:faller@bcforestsafe.org)
2. Fax: 250-741-1068
3. Mail: BC Forest Safety Council  
8C - 2220 Bowen Road, Nanaimo, BC V9S 1H9  
Attention: Qualified Faller Trainer Program

Administrative Review – <i>internal use only</i>	
Employer Endorsement:	
WSBC Clearance Letter Printed:	
Approved By & Date:	
Notes:	