



# Qualified Faller Trainer Information & Application Package

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The Qualified Faller Trainer (QFT) course has been designed to prepare experienced BCFSC certified fallers to teach the BC Faller Training Standard (BCFTS) program in a one-on-one setting for a minimum of 30 days to a candidate wanting to become a faller.

The course can accommodate up to 6 participants. The majority of the training will be conducted at a field site. Participants are required to bring their falling equipment that meets “Best Practice” in the BC Faller Training Standard.

## Entrance Requirements:

- Hold a current BC Forest Safety Council (BCFSC) Faller Certification card.
- Have a minimum of 500 days and five years of production falling experience after you have been certified as a BCFSC Faller
- Assessed on both knowledge and ability to the BC Faller Training Standard within one year of the course
  - Completion of online Faller modules
  - Completion of the Faller Practical Field Assessment based on the BC Faller Training Standard

If the outcomes listed above are not met, you may be required to reapply at a future date.

\*Upon acceptance, the BCFSC will coordinate faller assessments as required. This process is time sensitive and may require flexibility in your schedule.

## Duration of the Course:

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:

Once the entrance requirements have been met and prior to attending the course, the participant is required to complete the required on-line Trainer modules. Access to the on-line modules will be provided upon acceptance into the course. Completion of the modules can take anywhere from 8-12 hours to complete.



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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 Requirements:

Successful completion of the course is based on participants meeting the standard of the following criteria:

- Attendance in class and active participation during all training modules
- Display a good attitude
- Communicate effectively
- Actively engaged in program activities
- Foster a culture of safety
- Development, delivery, and modification of three lesson plans
- Facilitate group training

Instructors will complete a formative assessment and discuss the results with the participant on Day 4 to confirm how the participant is progressing. It will be identified whether the participant has a positive finding or if improvement is required. The expectation is that the instructor will work with the participant to improve the participant's performance in these areas, if required. Participants who have not met the standard by Day 4 will be aware of the concern and may be terminated from the program or offered the support and opportunity 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, facilitate group training – completed during the course)
- Successful completion of the Trainer Summative Competency Conversation
- Completion of training for 30 days, with mentorship
- Recommendation from Mentor

## 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.



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## **Accommodation & Food Requirements:**

Accommodation is the responsibility of the participants. Every effort is made to identify accommodation 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 accommodations that participants reside in during the course of the program.

Participants are responsible for their own meals.

## **Tuition, Session Dates & Locations:**

Once you have been accepted into the program, a BCFSC representative will contact you to discuss the tuition cost, upcoming course dates and location.

## **Terminations and Withdrawals:**

It is incumbent of the instructor to apply “due diligence” and in 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 prorated refund for tuition. Accommodation arrangements vary and it may or may not be possible to receive a prorated refund for accommodation expenses paid. All withdrawals from the program must be followed up in writing by the participant.

If the standard is showing improvement required for any required skills on the QFT Formative Assessment, the participant will have the opportunity to receive additional training at their own expense.

## **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 contact the BCFSC if you have any additional questions.



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**Applications that are incomplete or missing supporting documentation will not be processed.**  
**All applications expire 12 months after date of receipt; after 12 months you will be required to reapply.**

Personal Contact Information (complete fully and print clearly)			
Name:		Date of Receipt Internal use only	
Faller Certification #:			
Mailing address:			
City:		Province:	
Postal Code:			
Home phone:		Cell Phone:	
Email:			
Preferred contact method:			
Emergency Contact Name:		Emergency Contact Phone Number:	
Date of Falling Supervisor Training (if applicable):		Certified Falling Supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Information			
Based on your current work situation, how would you describe your current role?			
<input type="checkbox"/> Faller <input type="checkbox"/> Supervisor <input type="checkbox"/> Falling Supervisor <input type="checkbox"/> Licensee <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Prime <input type="checkbox"/> Other _____			
Self-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Personal Company Name or Current Employer:			
Personal Company or Current Employer WorkSafeBC Account:			
Supervisor:		Email:	
Employer Mailing Address (if different from above):			
City:		Province:	
Postal Code:		Phone number:	
Geographic Location (indicate your usual working region)			
<input type="checkbox"/> Cariboo <input type="checkbox"/> Vancouver Island <input type="checkbox"/> Okanagan <input type="checkbox"/> Kootenays <input type="checkbox"/> Peace/Thompson <input type="checkbox"/> Omenica <input type="checkbox"/> Skeena <input type="checkbox"/> Lower Mainland <input type="checkbox"/> Other _____			



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### Work Experience

Please note that a **Declaration of Experience** is required to be completed by **EACH** of the employers listed below to confirm the days of Falling Experience listed. A blank Declaration of Experience is found at the end of the application package. Please print as many copies as required.

**Falling Experience** (a **minimum 500 days and 5 years** falling experience after you have been certified as a faller is required to apply for the QFT Course. Complete the table below confirming your experience. If more space is required, attach an extra piece of paper.)

Employer	Supervisor	Phone #	Location	Dates of Employment			Employer Declaration Attached
				From MM/YY	To MM/YY	# Days	
				/	/		<input type="checkbox"/>
				/	/		<input type="checkbox"/>
				/	/		<input type="checkbox"/>
				/	/		<input type="checkbox"/>

### Training/Coaching Experience

A Declaration of Experience is **NOT** required for Training/Coaching Experience. Please list your experience as a Trainer/Coach below. If more space is required, attach an extra piece of paper.

Employer	Supervisor	Phone #	Location	Dates of Employment			
				From MM/YY	To MM/YY	# Days	
				/	/		
				/	/		
				/	/		
				/	/		

**Assessment Location:** Please indicate the nearest approximate town or location that you could meet the Assessor.

**Special Circumstances:** Indicate special circumstances that might affect scheduling of your assessment. For example, if you are unavailable certain times or require advance notice to be available for the assessment.



## Qualified Faller Trainer Information & Application Package

The BCFSC is committed to protecting the privacy of any personal information you provide when applying to us. The BCFSC complies with the Freedom of Information and Protection of Privacy Act and discloses the information that could be shared with other parties.

Your Qualified Faller Application information may be used for the following purposes:

- Your involvement in the BCFSC Falling programs
- Confirmation of certification status directly to employers
- Compliance with WorkSafeBC

I confirm that the information provided is complete and accurate; I authorize the BCFSC to verify its accuracy.

Applicant Name (Print):	Applicant Signature:	Date:

### Application Processing:

Applications will be reviewed and processed within one to two weeks, depending on current volumes.

Send completed form to the BC Forest Safety Council by:

1. Email: [faller@bcforestsafesafe.org](mailto:faller@bcforestsafesafe.org)
2. Fax: 250-741-1068
3. Mail: Attention: Qualified Faller Training Program  
8C-2220 Bowen Rd, Nanaimo, BC V9S 1H9

**Questions? Call us toll-free: 1-877-741-1060 or go to our website [www.bcforestsafesafe.org](http://www.bcforestsafesafe.org)**

### Administrative Review – internal use only

Date of Faller Certification:	WSBC Clearance Letter Printed:
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Notes:

Admin initials:

Date:

### Subject-Matter Expert (SME) Application Review – for internal use only

Application      Approved      ☐      Declined      ☐ (put reason in notes section below)

Comments:

SME Name:	Signature:	Date:
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## Declaration of Experience

*If you are self-employed, a licensee or prime contractor can complete the Declaration of Experience. All experience declared is subject to verification.*

I, \_\_\_\_\_ declare that \_\_\_\_\_ (Faller  
Employer Representative Faller  
Certification # \_\_\_\_\_) has the following experience as it pertains to the  
applicant's employment with \_\_\_\_\_:  
Company Name

<input type="checkbox"/> Falling Experience		
From MM/YY	To MM/YY	# Days

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date

I hereby declare that the information on this form is accurate and represents my work history with this employer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date