








Training course application form

Please write legibly / type clearly in BLOCK LETTERS (to be returned via email / fax before **1st February, 2010**)

Personal information

Name	
Date of birth	
Name of company	
Company's address	
Contact telephone / Fax	
Mobile phone	
E-mail (primary / secondary)	

Authorisation by other company / maker

Please give details of authorisation / professional qualifications in chronological order (if any).

Name of maker / Qualifications	Dates

Acceptance and acknowledgement

I hereby accept and acknowledge that the above information given is, to the best of my knowledge and belief, correct and complete, with reference to the conditions in Appendix A.

Name and signature of
applicant:

Date and company's stamp:
