

Candidate Registration Form - ExF Foundation

FIRST NAME			
SURNAME			
STREET			
TOWN/CITY			
COUNTY/STATE			
COUNTRY		POST/ZIP CODE	
TEL. NUMBER			
NI/I.D NUMBER		DATE OF BIRTH	

Formal Qualifications and/or other Relevant Trade Qualifications if any

Qualifications	Date Awarded
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Brief History of Employment including any Hazardous Area Environments if any

Date	Employer	Experience Gained
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Requirement:

I wish to be trained and assessed in underpinning knowledge of

CompEx Foundation ExF	
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Self Declaration Of Eligibility For Training:

(Please tick as appropriate)

I certify that all the above information is true and that any hazardous area experience claimed is a true record of my employment within the industry	
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OR

I do not have any previous employment in hazardous area environments within the industry and I am attending this module to increase my awareness of the dangers and hazards that my occur.	
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Declaration of Acceptance of Scheme Requirements :

In signing this registration form the applicant agrees to:

- Comply with the requirements for certification including those in the candidate code of conduct (JTL920).
- Only make claims regarding certification that are within the scope for which certification has been granted.
- Not use the certification in such a manner as to bring the certification body (JT Limited) into disrepute, and not to make any statement regarding the certification which the certification body (JT Limited) may consider misleading or unauthorised.
- Discontinue the use of all claims to certification that contains any reference to the certification body (JT Limited) where certification has expired, been suspended or withdrawn. Any certificates issued by the certification body (JT Limited) shall be returned.
- Not use the certificate in a misleading manner.
- Inform the certification body (JT Limited), without delay, of matters that can affect their capability to continue to fulfill the certification requirements.
- Commit not to release confidential examination materials or participate in fraudulent test-taking practices.
- Provide the Licenced Centre with evidence of qualifications/original certification/craftpersons certificates as recorded on this Candidate Registration form.
- Declare (if they feel necessary) any special needs that they feel must be taken into consideration during the certification process.
- I understand that the processing of my personal details and achievements will take place and that this will be in accordance with the Data Protection Act 1998.

I certify that to the best of my knowledge, the information provided on this registration form is correct. I give my permission to JT Limited for my photograph to be used for the purposes of the CompEx ID Card. Images will be held on record for a period of six years.

Signature:

Print Name: **Date:**

NOTE: PLEASE RETURN THIS FORM TO THE CENTRE YOU WILL BE ATTENDING

Centre Confirmation (to be completed by Licenced Instructor/Assessor)

I have checked the above details and verify that they are complete and accurate and that I have seen supporting evidence of identification. Foundation Certificate will be issued if successful (please tick box)

Instructor/Assessor Signature:

Print Name: **Date:**

Centre Details

JT Limited CompEx, Third Floor, Redwither Tower, Redwither Business Park, Wrexham, LL13 9XT