

Candidate Registration Form

FULL NAME			
STREET			
AREA			
TOWN			
COUNTY			
POST CODE		NI Number:	
TEL.		Date of Birth:	

Formal Electrical/Instrument Qualifications And/Or other Relevant Trade Qualifications

Qualification	Date Awarded
.....
.....
.....
.....

Brief History of Employment in Electrical Industry and/or Hazardous Area Environments

Date	Employer	Experience Gained
.....
.....
.....
.....

Requirement:

Please tick the next section as appropriate:

I wish to be trained and assessed trained only or assessed only in the following units:

EX01 <input type="checkbox"/>	EX02 <input type="checkbox"/>	EX03 <input type="checkbox"/>	EX04 <input type="checkbox"/>	EX05 <input type="checkbox"/>
EX06 <input type="checkbox"/>	EX07 <input type="checkbox"/>	EX08 <input type="checkbox"/>	EX09 <input type="checkbox"/>	EX10 <input type="checkbox"/>
Foundation <input type="checkbox"/>				

Self Declaration Of Eligibility For Training:

(Please tick as appropriate)

I certify that all the above information is true and that I am, or until very recently have been, employed as a qualified electrical craftsperson within the electrical industry	
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OR

I certify that I am not an electrical craftsperson. (<i>non electrical compex certificate issued</i>)	
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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 candidate code of conduct.
- 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 (JTL) into disrepute, and not to make any statement regarding the certification which the certification body (JTL) may consider misleading or unauthorised.
- discontinue the use of all claims to certification that contains any reference to the certification body (JTL) where certification has expired, been suspended or withdrawn. Any certificates issued by the certification body (JTL) shall be returned.
- not use the certificate in a misleading manner.
- 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.

Signature:

Print Name: **Date:**

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

Centre Confirmation (to be completed by centre staff only)

I have checked the above details and verify that they are complete and accurate and that I have seen supporting evidence of identification & for the qualifications listed above. Certificate of core competence will be issued (please tick box)

I have checked the above details but the candidate has failed to supply authentic supporting evidence for the qualifications listed above. Non Electrical certificate will be issued unless evidence is supplied. (please tick box)

Centre Assessor Signature:
(signing this form does not infer competence of candidate)

Print Name: **Date:**

Centre Details

JTL, CompEx Dept, Stafford House, 120-122 High Street, Orpington, Kent, BR6 0JS