## **COURSE BOOKING FORM**



		TRAINING THE DEMOLITION INDUSTRY			
Booked by (Name):					
Company:					
Address:					
Company CITB Number: (Applicable					
to claim ATO Grant)					
Phone No:					
Email Address:					
Course Details - Please put an (x) in the	e box for the course you wish to book:				
COURSE TITLE		(x)			
Asbestos Awareness (Half Day)					
Asbestos Awareness (Half Day) – Remo	ote Learning				
Abrasive Wheels (Half Day)					
Manual Handling (Half Day)					
CAT & Genny (Half Day)					
Face Fit – Qualitative 'Train the Tester'					
	Il Day) (Must have Asbestos Awareness within the last Year*)				
Non-Licensable Asbestos Removal Ref	` ''				
(Must have previous Non-Licensable	Category 2 Asbestos Training*)				
Oxy Fuel Cutting (Full Day)		_			
CLOCS (Full Day)		1			
Temporary Works Co-ordinator – 2 Da Emergency First Aid at Work	<u>y</u>	-			
COSHH Awareness (Half Day)		1			
Fire Marshal (Half Day)		1			
The Marshar (Hall Bay)					
*Please note all previous trainina mu	st be NDTG, UKATA, ARCA or ACAD approved and taken within	the last 12			
,	learning certificates will not be accepted).				
· · · · · · · · · · · · · · · · · · ·	a venue and a date to suit you. Alternatively, you can book your o	operative(s)			
onto one of our Open Courses which are held at a specific venue on a specific date. Please visit					
www.demolition.training for our lates	t dates.				
Indicate hashing to us halour					
Indicate booking type below:	ad an waheita)				
□ Bespoke Course (Group bookings)	nd on website)				
_ bespone course (Group bookings)					
Site Contact & Tel No:					
Annual Data of Turbing					
Agreed Date of Training:					

Please note: If your operative does not have the prerequisites as stated above, they will not be allowed to sit on the course and no refund will be issued.

For non-members payment must be made in advance of the course

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Payment details for members: Please provide a purchase order number for our accounts department to forward you an invoice. Purchase Order number:					
· · · · · · · · · · · · · · · · · · ·	orma invoice for payment. Upon receipt of payment, we can then make sure you have provided a valid email address and contact				
•	ourse if FULL payment has not been received in advance.  course if booking numbers are insufficient at which stage a full ferred to the next available course date.				
Please sign to confirm that you have read and	understand the NDTG Terms & Conditions for Course Booking				
Signature	Date:				

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Candidate details please complete in block capitals

Individuals are required to provide their full birth name. Any nicknames supplied will be at risk of not receiving certification

**Personal Data:** Within accordance with the requirements of the Data Protection Act 1998, and with effect from 25 May 2018 the General Data Protection Regulations (GDPR) the NDTG will only use your personal information provided to record your training history on the NDTG online records system and produce relevant CCDO cards and certification. The system will enable your employer or future employers to view full records of any NDTG approved course, CCDO History and NVQ History that you have completed with the NDTG. They will only be able to access your data if they have obtained 3 or more items of personal data from yourself. If you wish for these records to be recorded online, please complete the below information. **Please note: if you do not provide this data, your employer will not be able to validate your training records through this system.** All data will be secure and data protected and dealt with in accordance with our attached Privacy Policy.

N	FULL FIRST NAME & SURNAME	DATE OF	NATIONAL	FULL PERSONAL ADDRESS
0	(IN CAPS)	BIRTH	INSURANCE NO.	FOLL PERSONAL ADDRESS
1				
2				
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4				
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11	-			
12				