

COURSE BOOKING FORM

Booked by (Name):	
Company: CITB Number: (Applicable to claim ATO Grant)	
Address:	
Phone No:	
Email Address:	

Course Details - Please put an (x) in the box for the course you wish to book:

COURSE TITLE	(x)
Asbestos Awareness (Half Day)	
Asbestos Awareness (Half Day) Remote Learning	
Non-Licensable Category Removal (Full Day) (Must have Asbestos Awareness within the last Year*)	
Non-Licensable Asbestos Removal Refresher (Half Day) (Must have previous Non-Licensable Category 2 Asbestos Training*)	
Oxy Fuel Cutting (Full Day)	
CLOCS (Full Day)	

Please note all previous training must be NDTG, UKATA, ARCA or ACAD approved and taken within the last 12 months (must be classroom based, e-learning certificates will not be accepted).

A **bespoke** course can be arranged at a venue and a date to suit you. Alternatively you can book your 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 latest dates.

Indicate booking type below:

- Open Course – preferred date (found on website)** _____
- Bespoke Course (Group bookings)**

Site Contact & Tel No: _____

Full Site Address: _____

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 course

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Payment details for members:

Purchase Order number: _____

Payment details for non-members:

Please attach a cheque. If you would like to pay by card tick the box and we will contact you on receipt of your booking. Please make sure you have provided a valid phone number.

*Delegates will **not** be permitted to attend the course if **FULL** payment has not been received in advance. Please forward payment with your booking form.*

*****We reserve the right to cancel the above course if booking numbers are insufficient at which stage a full refund will be given or candidates will be transferred 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.

NO	FULL FIRST NAME & SURNAME (IN CAPS)	DATE OF BIRTH	NATIONAL INSURANCE NO.	FULL PERSONAL ADDRESS
1				
2				
3				
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