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| **INTEGRATED TRAINING & TECHNICAL SERVICES LLC**  **HSE COURSE NOMINATION FORM**  **COURSE BOOKING FOCAL POINT DETAILS** | | | | | | | | | | | |
|
| **NAME** : **LOCATION :** | | | | | | | | | | | |
| **DESIGNATION** | | : | | | **CONTACT NO. (GSM & L/L)** | | | **:** | | | |
| **COMPANY** | | : | | | **FAX NO.** | | | **:** | | | |
| **ADDRESS** | | : | | | **E-MAIL** | | | **:** | | | |
|  | | **PLEASE FILL THE FORM IN CAPITAL LETTERS. ALL FIELDS MUST BE ENTERED. INCOMPLETE NOMINATION WILL NOT BE ACCEPTED.** | | | | | | | | | |
| **EMPLOYEE CIVIL ID/ COURSE COURSE**  **S. NO NUMBER \* PASSPORT NOMINEES FULL NAME \* GSM CODE LOCATION DATE LANGUAGE NATIONALITY GENDER DOB**  **NUMBER \*** | | | | | | | | | | | |
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| **• IF THE COURSE DATE YOU HAVE NOMINATED FOR IS FULL YOU WILL BE ALLOCATED TO THE NEXT AVAILABLE SLOT.**  • HSE Course Pre–requisites • Current valid ID or residency card • Physically fit and able  • PPE requirements for HSE Courses are: • Safety footwear • Coverall or work clothing • Hard hat  • REPORTING 15 MINUTES AFTER THE SCHEDULED COURSE TIME WILL BE CONSIDERED AS 'NO SHOW'.  • NO-SHOWS' WILL BE CHARGED IN FULL.  • A MINIMUM OF 48 HOURS WRITTEN NOTIFICATION IS REQUIRED FOR CANCELLATION, OTHERWISE THE FULL COURSE FEE IS PAYABLE | | | | | | | | | | | |
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| **• NOMINEES NAMES MUST BE PROVIDED SAME AS IN THEIR CIVIL ID CARD/ PASSPORT** | | | | | | | | | | | |
| **AUTHORISING SUPERVISOR’S DETAILS** | | | | | | | | | | | |
| **Name Signature** | | | | | | | | | | | |
| **GSM** | |  |  | **Date and Stamp** | | | | | | | |
|  | | **CONTACT US ON GSM: 95592039 | E mail address:** [**info@ittsoman.com**](mailto:info@ittsoman.com) | | | | | | | | | |