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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** |