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| **INTEGRATED TRAINING & TECHNICAL SERVICES LLC**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Phone Black Icon. Call Symbol Isolated on White in Vector. Stock Vector -  Illustration of talk, black: 138545358** | +968 95592039 | **email - 13 Free Vectors to Download | FreeVectors** | info@ittsoman.com | **Location Pin Vector Icon | Stock vector | Colourbox** | Bousher, Sultanate of Oman | | | | | | | | | | | | | | | | | |
| **HSE COURSE NOMINATION FORM** | | | | | | | | | | | | | | | | |
| **CORUSE 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.** | | | | | | | | | | | | | | | | |
| **S. NO** | **EMPLOYEE NO** | | | **CIVIL ID / PASSPORT NUMBER** | **NOMINEES FULL NAME** | **NATIONALITY** | **GENDER** | **DATE OF BIRTH** | | **GSM** | | **COURSE CODE / TITLE** | | **COURSE DATE** | **LANGUAGE** | **LOCATION** |
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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 Prerequisites • 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 | | | | | | | | | | | | | | | | |
| * **NOMINEES NAMES MUST BE PROVIDED SAME AS IN THEIR CIVIL ID CARD/ PASSPORT** | | | | | | | | | | | | | | | | |
| **AUTHORISING SUPERVISOR’S SIGNATURE** | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | **Signature** | | |  | | | | | |
| **GSM** | |  | | | | | | **Date & Stamp** | | |  | | | | | |