

Application for Windhager Training

Please complete this application form using <u>Adobe Acrobat Reader</u> and email as an attachment to **training@windhager.co.uk** Please also attach any required documents to the email.

Alternatively print and complete this form in block capital letters using blue or black ink. You can submit the form as a scanned attachment to **training@windhager.co.uk**, fax to: **01225 892503** or post to the following address: Windhager UK Ltd, Tormarton Road, Marshfield, South Gloucestershire, SN14 8SR

Section 1: Company N	lame & Addres	5S				
				Number of employees attending		
Section 2: Course Det	ails					
Course/s applied for	WIN 1 WIN 2 WIN 3 WIN 4 WIN 4		If you are interested in Bespoke training please give details here including your available dates:			
Date of course						
Section 3: Candidate [and will be handled and stor				s form will only be	e used by Win	dhager UK Ltd
Forenames(s)						
Home Address (including postcode) Note: This is the address						
to which certificate will be sent						
Section 4: Candidate any false statement(s) or calculates.						
Applicant Signature:		Print Name	:		Date:	
Dietary Requirements:			Medical Con	ditions or Disal	bilities	