

**Section 1: Approved Centre**

<b>Training Centre</b>	
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**Section 2: HETAS Course**

<b>Course Applied for (tick only one)</b>	<input type="checkbox"/> H001	<input type="checkbox"/> H004	<input type="checkbox"/> H008	<b>Format (tick only one)</b>	<input type="checkbox"/> Defined Scope (DS)
	<input type="checkbox"/> H002	<input type="checkbox"/> H005DE	<input type="checkbox"/> H009		<input type="checkbox"/> Full length
	<input type="checkbox"/> H003	<input type="checkbox"/> H006	<input type="checkbox"/> Retailer		<input type="checkbox"/> Refresher
					<input type="checkbox"/> <b>Attendance Only</b>
<b>Date of Course</b>					

**Section 3: Candidate details**

\* indicates required field

<b>Surname *</b>									* Provide a current passport-style photograph here
<b>Forename(s) *</b>									
<b>NI number *</b>									
<b>Company name</b>									
<b>Home address *</b>  <i>Note: This is the address to which the certificate will be sent</i>									
	<b>Post Code *</b>								
<b>Daytime phone *</b>					<b>Email</b>				

**Section 4: Candidate Declaration and Consent**

If accepted for the course, I agree to follow instructions given to me by the Training Centre regarding course conduct and safety.

I certify that all particulars given are correct. I accept that, should any false statement or omission be made on this form (or in the information provided to the Training Centre or HETAS relating to pre-requisite work experience and qualifications or memberships), HETAS reserve the right to amend or withdraw the training certificate and/or the registration of the relevant operative/business on HETAS schemes.

I understand that the information I have given on this form and in support of my application will be recorded and retained by this Training Centre and by HETAS, in accordance with the General Data Protection Regulation. It may be used for the following purposes: to process my application for training; to send me any qualification certificate or supplementary technical material that I may be entitled to; to assess my eligibility to join HETAS courses and registration schemes; to alert me about expiring/expired qualifications; to compile training statistics provided that no statistical information that would identify me as an individual will be published. My personal information will be kept securely and within the boundaries of the UK and/or the EU. The HETAS Privacy Notice is published on-line at <https://www.hetas.co.uk/privacy-notice/>

I want to receive additional information from the Training Centre and from HETAS about registration schemes, other courses and/or industry events, at the contact details above. I can unsubscribe from marketing communications at any time: Yes ☐ No ☐

<b>Signature</b>		<b>Print name</b>		<b>Date</b>	
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Please advise the Training Centre separately of any dietary needs, medical conditions or disabilities relevant to your attendance at the facility for this course

**Section 5: Application Checklist and Decision**

(to be completed by the Approved Training Centre's nominated person)

<b>Applicant meets pre-requisites stated in relevant HETAS Course Handbook</b>				Yes / No	
<b>Copies of pre-requisite evidence have been provided and copies retained</b>				Yes / No	
<b>Decision</b>	<input type="checkbox"/> Accepted <input type="checkbox"/> Not accepted			<b>Date</b>	
<b>Signature</b>				<b>Print Name</b>	