

APPLICATION FORM FOR REGISTRATION AS AN OCCUPATIONAL SAFETY AND HEALTH TRAINER

PART I

- 1. Name of firm / institution.....
- 2. Physical address.....
 - a) County.....District and Town.....
 - b) Road / Street.....
 - c) Building and Floor.....

(Please attach a sketch map of the area indicating prominent landmarks and evidence of tenancy or ownership)

- 3. Postal Address. P. O. Box Post Code Town
- 4. Telephone.
Mobile..... E-mail
- 5. Proprietor(s): (Names and Nationality).....
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- 6. Name Chief Trainer:
- Qualification.....
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Experience as a trainer

No. of years	Organisation
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- 7. Full-time Resource Persons
(Please attach the list of list of names, qualifications, certified copies of certificates)

- 8. Part-time Resource Persons
(Please attach the list of list of names, qualifications, certified copies of certificates and valid engagement contracts)

- 9. (a) Course applied: [tick one] Occupational Safety and Health / Fire Safety / First Aid
- (b) Types of other courses offered **(Please attach training programmes or brochures)**
- (c) Target Groups
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