



APPLICATION FORM FOR TRAINING COURSE REGISTRATION

Please complete and return the form below to register for SGS Baseefa Ltd. training sessions

NAME OF ATTENDEE(S):

COMPANY NAME:

INVOICE ADDRESS:

E MAIL:

TELEPHONE:

FAX:

COMPANY REGISTRATION NO.:

COMPANY VAT NO.:

Please indicate the Training Session(s) and Date(s) for which you wish to register:

INTRODUCTION TO HAZARDOUS AREAS & PROTECTIVE SYSTEMS (1 DAY)

DATE:

HAZARDOUS AREA PRODUCTS – QA SYSTEM PLANNING (1 DAY)

DATE:

ATEX / DSEAR (1 DAY)

DATE:

ATEX / DSEAR (2 DAY)

DATES:

RISK ASSESSMENT & HAZARDOUS AREA CLASSIFICATION (2 DAY)

DATES:

SAFE USE OF ELECTRICITY IN POTENTIALLY EXPLOSIVE ATMOSPHERES &

DATES:

INTRINSIC SAFETY AWARENESS (4 DAY)

Please fax (+44 1298 766601) or e-mail (jayne.lingard@sgs.com) your registration form to book your attendance. Confirmation of receipt of your registration and invoice for payment will be sent by return post or email to the address indicated above.

NAME:

SIGNATURE:

POSITION IN COMPANY:

DATE:

Where did you hear about us? *(please tick appropriate box)*

ONLINE SEARCH

ATTENDED PREVIOUSLY

WORD OF MOUTH

OTHER, PLEASE SPECIFY _____

MAGAZINE / WEBSITE

PLEASE SPECIFY _____

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[atmospheretraining](http://www.sgs.co.uk/hazardou-atmospheretraining)