NATIONAL GENERAL CERTIFICATE EXAM

CANDIDATE REGISTRATION FORM 'ON DEMAND' EXAMINATION'S DATE/S



FOR NEBOSH	USE	ONLY	
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Accredited course provider number: 648

Student number:

Amount received:

Payment details:

Date received:

SECTION A - EXAMINATION / REGISTRATION CLOSING DATES

SECTION B - CANDIDATE DETAILS

Please read the notes on the accompanying 'CANDIDATE REGISTRATION FORM – INFORMATION SHEET' before starting to complete this form. The form should be completed in BLOCK CAPITALS and the information sheet should be referred to whilst entering the details. The note numbers on the left-hand side of this form refer to the relevant section on the attached information sheet. FIELDS MARKED *, ** AND *** are MANDATORY; see Section B, notes (ii), (iii) and (iv) of the attached information sheet for further guidance. If any of the requested details are not supplied the form will not be processed and will be returned to you and you will not be registered for the examination/s.

Section B, note (i)	1	Title			IJL										_								
Section B, note (ii)	2	First (given) name/s*																					
Section B, note (ii)	3	Surname (family name)*																					
Section B, note (iii)	4	Home address**	/: f ~	ا مما:		۱۵۱		11-1		. ما مم													
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Section B, note (iv)	5	Date of birth***			/[/ [
Section B, note (v)	6	Gender	Mal	e [Fen	nale	e [
Section B, note (vi)	7	Nationality																					
Section B, note (vii)	8	Telephone (home)																					
Section B, note (vii)	9	Telephone (mobile)																					
Section B, note (vii)	10	Telephone (work)																					
Section B, note (viii)	11	Main email address																					
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SECTION C – ACCREDITED COURSE PROVIDER (ACP) DETAILS Section C, note (i) Name of ACP **GTG TRAINING** Section C, note (i) 2 Name of examination venue (if applicable) **GTG TRAINING GLASGOW** Section C, note (ii) Did you study with this ACP? Yes ☐ No ☐ If No, please provide the name of the ACP at which you studied. Section C, note (iii) 4 Mode of study Full time / block release open / distance learning part time / evening SECTION D - EXAMINATION DETAILS Section D, note (i) 1 Please indicate, by ticking the box/es below, the unit examination/s for which you are registering. For exemption from Unit NGC1, please refer to the attached information sheet which will provide further details (Section D, note iv) and complete 4 below. UNIT 2 UNIT 3 Section D, note (ii) 2 Please provide your PIN/student number for any previously taken NEBOSH qualification/s. 3 If you are retaking a unit, please give your student number and date/s of previous sittings. Section D, note (iii) Student number Date/s of previous sittings 4 I have passed the following and wish / do not wish* to claim exemption from Unit NGC1 Section D, note (iv) Qualification Unit (if applicable) Date passed Student number * If 'do not wish' is not deleted, the exemption will automatically be applied to your final result. SECTION F – DATA PROTECTION INFORMATION The information and data provided in this form will be held electronically and manually by NEBOSH in accordance with the Data Protection Act 1998. The personal data will be used for the following purposes: to update NEBOSH databases; to assist NEBOSH in providing services and products to you; to enable NEBOSH to review, develop and improve its services. From time to time for marketing purposes, NEBOSH may wish to update you on relevant news that we believe may be of interest to you. If you *do not* wish to receive such information about services and products, please tick this box (box A): I confirm that I have read, understood and agree to abide by the regulations for registration set out in the information sheet. Signed by candidate/ACP* (*delete not applicable)

Please return the completed form to NEBOSH (see information sheet Section A, note i).

Date

If you are signing on behalf of the candidate with his/her authority, please also tick box 'A' above and print the details

Job title

Signature

requested below:

Print name