
NEBOSH INTERNATIONAL GENERAL CERTIFICATE IN OCCUPATIONAL HEALTH & SAFETY Registration Form

SECTION A: EXAMINATION / REGISTRATION CLOSING DATES

Course Dates:

Examination Dates: IGC1:

GC2:

SECTION B: CANDIDATE DETAILS

Please complete in BLOCK CAPITAL

1. TITLE: Choose an item.
2. FULL NAME(S): [Click here to enter text](#)
3. HOME ADDRESS: Street Name: [Click here to enter text](#).
City or Town: [Click here to enter text](#).
Country: [Click here to enter text](#).
4. DATE OF BIRTH: [Click here to enter a date](#).
5. NATIONALITY: [Click here to enter text](#).
6. TELEPHONE: Mobile: [Click here to enter text](#).
Other [Click here to enter text](#).
7. EMAIL ADDRESS: [Click here to enter text](#).
CONFIRM YOUR EMAIL ADDRESS: [Click here to enter text](#).

SECTION C: ACCREDITED COURSE PROVIDER (ACP) DETAILS

8. Name of ACP: **INMA Technologies LLC**

ACP No. 1261

9. Examination Venue: **INMA Technologies LLC**

10. Did you study with INMA before? YES NO

If NO please provide name of ACP at which you studied: [Click here to enter text.](#)

11. Mode of study: Choose an item.

SECTION D: EXAMINATION DETAILS

12. Please indicate by ticking the boxes below, the unit examination(s) for which you are registering.

IGC1 Management of International Health and Safety

GC2 Control of International Workplace Hazards

GC3 International Health and Safety Practical Application

13. Please provide your student number for any previously taken NEBOSH qualification(s)

[Click here to enter text.](#)

14. If you are re-taking a unit, please give below your student number and date(s) of previous sittings.

Student number: [Click here to enter text.](#) Previous sitting date: [Click here to enter a date.](#)

Signature:

Company stamp (for sponsored students)

Print name: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

Please email the completed form to registration@inmatechno.com

Please note that registration is guaranteed only upon receipt of 50% of the payment or Local Purchase Order