

GULF TECHNICAL & SAFETY INSTITUTE
HSE COURSE NOMINATION FORM

Person Booking Course Details					Select Training Venue	Tel Number	Email			Fax number		
Ref. Ind. / Emp. No					OFFICE	22009306		hsebooking@inmatechno.com			2200 9307	
Company Name												
Tel number		Fax:			GSM	91367855						
Email												
PLEASE FILL THE FORM IN CAPITAL LETTERS. ALL FIELDS MUST BE ENTERED. INCOMPLETE NOMINATION WILL NOT BE RETURNED.					For General Enquiries							
No	CANDIDATE FULL NAME	COMPANY EMPLOYEE NO	(RIG No)	CIVIL CARD ID/ PASSPORT NUMBER	NATIONALITY	DOB	HSE PP NO	PHONE .NO	COURSE TITLE	COURSE CODE	LANGUAGE** (E/A/H)	COURSE DATE
1												
2												
3												
4												
5												
6												

- IF THE COURSE DATE YOU HAVE NOMINATED FOR IS FULL YOU WILL BE ALLOCATED TO THE NEXT AVAILABLE SLOT.
- ALL COURSES START AT 08:00. REPORTING AFTER 08:15 WILL BE CONSIDERED AS "NO SHOW".
- CANDIDATES WILL NOT BE ALLOWED TO ATTEND THE COURSE WITHOUT PPE IF THE COURSE IS DESIGNATED AS REQUIRING PPE. NO SHOW WILL BE CHARGEABLE.
- "NO SHOWS" SHALL BE CHARGED IN FULL. PLEASE NOTE THAT 'NO SHOW' COVERS ALL NON-COMPLIANCE EVEN THOUGH THE NOMINEE PHYSICALLY ATTENDS FOR COURSE REGISTRATION
- PAYMENT IS DUE WITHIN 30 DAYS OF THE DATE OF INVOICE. THIS ONLY APPLIES TO CREDIT CUSTOMERS: CASH CUSTOMERS MUST PAY IN ADVANCE
- THE NOMINEE MUST BE ABLE TO UNDERSTAND THE LANGUAGE OF THE COURSE. THIS INCLUDES LISTENING AND SPEAKING
- A MINIMUM OF 48 HOURS WRITTEN NOTIFICATION IS REQUIRED FOR CANCELLATION. OTHERWISE THE FULL COURSE FEE IS PAYABLE

CLIENT AUTHORISATION DETAILS					
Name		Tel no			Stamp and Signature
Position		GSM no			
Ref ind.					
Date					