TRAINING BOOKING FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | | | | | | | | | | | | | | | |
| **Surname** |  | | | | | | | | | | | | | | | |
| **Forenames** |  | | | | | | | | | | | | | | | |
| **Date of Birth** |  | | | | | | | | | | | | | | | |
| **State of Origin** |  | | | | | | | **Gender** | | | | |  | | | |
| **Nationality** |  | | | | | | |  | | | | |  | | | |
| **Home Address** |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Personal Email** |  | | | | | | | | | | | | | | | |
| **Personal Mobile** |  | | | | | | | | | | | | | | | |
| **What’s app No.** |  | | | | | | | | | | | | | | | |
| **Place of Work** |  | | | | | | | | | | | | | | | |
| **Job designation** |  | | | | | | | | | | | | | | | |
| **Work Address** |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Work Email** |  | | | | | | | | | | | | | | | |
| **I am interested in joining IOSH/IIRSM. Please provide me with further information as to how I can join IOSH/IIRSM. Please tick** | | | | | | | | | **Yes** | |  | | | | **No** |  |
| **Course title** | **Nebosh** | | | | | | | | | | | | | | | |
| **Mode of Study (Please tick )** | | **Physical Classroom** | | | |  | **Virtual Classroom** | | | | | | |  | | |
| **Emergency Contact Name** | | |  | | | | | | | | | | | | | |
| **Emergency Contact Number** | | |  | | | | | | | | | | | | | |
| **Referred by** |  | | | | | | | | | | | | | | | |
| **Payment method**  **(Please tick )** | **Bank deposit** | | |  | **Online Payment** | | | | |  | |  | | | |  |
|  | | |  |  | | | | |  | |  | | | |  |
| Please make the cheque payable to : **Kafela Global Concept Limited**.  Bank deposit, bank transfer and cash payment should be made to :  Nigeria Account name : **Kafela Global Concept Limited** GTB Bank Account Number : **0003637079**  Nigeria Account name : **Kafela Global Concept Limited** Access Bank Account Number : **0088758883**  Nigeria Account name : **Kafela Global Concept Limited** UBA Bank Account Number : **1024450738**  Ghana Account name : **Kafela Global Concept Limited** GTB Bank Account Number : **206113005110** | | | | | | | | | | | | | | | | |
| **Name you want on your Certificate :** | | | | | | | | | | | | | | | | |

**I confirm that all the above information are true. I agree with the terms and conditions as stated overleaf.**

**Name : Designation :**

**Signature : Date Signed :**

**TERMS AND CONDITIONS**

These terms and conditions relate to the provision of **NEBOSH; IOSH** andHealth, Safety & Environmental training courses.

1. All learners are required to complete a Training book form to provide necessary personal details such as current address, contact telephone number, e-mail address, date of birth etc. This information is held on computer and will be passed on to the awarding body for the purposes of student registration. This information is not given to any other parties or to other learners without prior consent.

2. Learners are required to contact **KGCL** when and if their contact details change.

3. On receipt of a Training book form **KGCL** will send an invoice for the course fee. This invoice must be paid before any course materials are sent out or tutorials arranged, unless a company purchase order has been received and accepted by KGCL as confirmation of funding. In the latter case KGCL will enroll learners before payment is received.

4. Training course materials provided remain the copyright of **KGCL** and must not be reproduced or passed to any third party for reproduction in whole or in part.

5. Once an order has been placed, no cancellations will be accepted or refunds given. However, a company may put another employee on to a course if the original candidate is unable to take up their place prior to commencement of the course programme.

6. The learning contract for NEBOSH International General Certificate courses is valid for 12 months i.e. learners must complete the award within one year of starting the course.

7. Learners who do not obtain all or specific units of an award during their initial learning contract with **KGCL**, but at a later date wish to complete, will be provided with a new learning contract for a one year period (Certificate qualifications).

8. Learners who sit examinations within their learning contract but who are referred in one or more units may re-sit the examination with **KGCL** at one of the next two sittings (from the date when they were referred) subject to payment of the current re-sit fee and the exam registration fee.

9. All examinations run by **KGCL** will be conducted according to Awarding board requirements.

10. Learning materials and Certificates or Parchments can be dispatched by courier or a similar signed for service provider. Candidates wishing their Certificates or Parchments to be dispatched by courier will be required to pay the cost for this services

11. Bookings are subject to availability at the time of receipt of this form. Course numbers are restricted to a minimum of 12 and a maximum of 20 delegates.

12. Courses are subject to cancellation if minimum bookings are not received, then full refund will be made or transfer to another date arranged, by agreement.

13. Cancellation by delegates cannot be accepted less than 21 days prior to the start of the course, but a substitute delegate(s) can be nominated at any time in advance.

14. Cancellation 21 days or more ahead of the course will incur a 20% administration charge.

**Cancellations :** All cancellations of confirmed bookings must be received in writing at least 5 working days prior to commencement of the course. If not, a cancellation fee of *50%* of the course fee will be deducted and 10 % Administration fee incurred.

**Note :** **KAFELA GLOBAL CONCEPT LIMITED** reserves the right to cancel any course, but undertake to inform all affected delegates as early as possible regarding such cancellations. The only reason that a course would be cancelled and /or postponed is due to insufficient number of delegates.

**For Office Use**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Received** |  | **Candidates KGCL Registration No** |  |
| **Received by** |  | **NEBOSH / IOSH Registration No** |  |
| **Taught Session** |  | **Distance Learning Session** |  |
| **Referred by** |  | **Referral fee & date paid** |  |

**RETURN BOOKING FORM to : training@kafelagc.com**