



Tamworth Training Centre

Health, Safety and Environmental Test Booking Form

Please note: All fields are mandatory and must be completed unless stated

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)			
First(Given) Name				
Last (Family) Name				
E-mail Address	<i>(If required for contact)</i>			
Address				Post Code
Telephone Number				
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Nat Ins Number				
Test Required				
Name of Employer				

1. CITB Number	<i>(If known)</i>
2. Employment Status	
3. Race/Ethnicity	
4. Employer CITB Levy No.	<i>(If known)</i>
5. Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. ULN	<i>(If known)</i>
7. CITB Information Required?	<i>CITB-Constructionskills would like to contact you by email with information on related products and services that are useful to you. Please conform that you agree to be contacted in this way:</i> <input type="checkbox"/> Yes, I agree <input type="checkbox"/> No, I do not wish to be contacted
Accommodations: If you require a voice of over please state language here	

Confirmation / Reminder	<input type="checkbox"/> E-mail <input type="checkbox"/> Paper <input type="checkbox"/> No Reminder Required		
Date of Test		Time of Test	
Payment Terms	<input type="checkbox"/> On Account <input type="checkbox"/> By Card <input type="checkbox"/> By Cheque <input type="checkbox"/> Cash on the day		