



## Statement of Partial Assessment (SoPA) Application Form

<b>FIRST NAME</b>			
<b>SURNAME</b>			
<b>STREET</b>			
<b>TOWN/CITY</b>			
<b>COUNTY/STATE</b>			
<b>COUNTRY</b>		<b>POST/ZIP CODE</b>	
<b>TEL. NUMBER</b>			
<b>E-MAIL ADDRESS</b>			
<b>NI/I.D NUMBER</b>		<b>DATE OF BIRTH</b>	
<b>COMPEX CERTIFICATE NO.</b>		<b>CERT EXPIRY DATE</b>	
<b>DEFERRAL DATE (if applicable)</b>			

Please provide a valid reason to support your application:

### Brief History of Employment since certification was issued

Date	Employer	Job Role/Experience Gained
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Industry Sector:** *(Please highlight which Industry sector you work in by ticking the relevant box)*

<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Utilities
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Fuel Distribution & Retail	<input type="checkbox"/> Maritime	<input type="checkbox"/> Electrical Contractor
<input type="checkbox"/> Equipment manufacturer/Distributor	<input type="checkbox"/> Other	

### Self-Declaration of Eligibility For Assessment:

I certify that all the above information is true, and that any hazardous area experience claimed is a true record of my employment within the industry.	
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**Declaration of Acceptance of Scheme Requirements:**

In signing this registration form the applicant agrees to:

- Comply with the requirements of the CompEx scheme including the candidate code of conduct JTL920.
- Make claims only with respect to the scope for which the SoPA has been granted.
- Not use the SoPA in such a manner as to bring the Certification Body (JT Limited) into disrepute. (Misuse or falsifying of the SoPA will result in an 18 month ban from registering onto any CompEx Course)
- Not make any statement regarding the SoPA which the Certification Body (JT Limited) may consider misleading or unauthorised.
- Not make any statement regarding the SoPA which an employer or contractor may consider misleading.
- Discontinue the use of all claims that contains any reference to the Certification Body (JT Limited) upon suspension or withdrawal of the SoPA; and to return any the SoPA to the Certification Body (JT Limited).
- Not use the SoPA in a misleading manner.
- The processing and storage of personal data and results, as detailed in the CompEx JT Limited Privacy Policy (JTL960) <https://compex.org.uk/registration/> and in accordance with the General Data Protection Regulations 2018
- Inform the Certification Body (JT Limited), without delay, of matters that can affect their capability to continue to fulfill the requirements of the CompEx scheme.
- Commit not to release confidential examination materials or participate in fraudulent test-taking practices.
- Provide the Licensed Centre with appropriate evidence as required by SoPA Application process.
- Declare any special needs that they feel must be taken into consideration during the examination process.

(Please ensure relevant boxes are ticked for the application to be processed):

I agree to allow my details as listed in the above Scheme Requirements, to be processed and stored in accordance with the CompEx/JT Limited Privacy Policy

Signature: .....

Print Name: ..... Date: .....

NOTE: PLEASE RETURN THIS FORM TO THE CENTRE ARRANGING YOUR EXAMINATION (TEST).

**Centre Confirmation**

I have checked the above details and verify that they are complete and accurate and that I have seen supporting evidence of identification and original CompEx certification.

A SoPA will be issued if successful (please tick box)

Test date (agreed with applicant): .....

Authorised Centre Signature: .....

Print Name: ..... Date: .....

Centre Name: .....

JT Limited CompEx, Third Floor, Redwither Tower, Redwither Business Park, Wrexham, LL13 9XT.