



Candidate Registration Form – Ex14 Responsible Persons Course

FIRST NAME			
SURNAME			
STREET			
TOWN/CITY			
COUNTY/STATE			
COUNTRY		POST/ZIP CODE	
TEL. NUMBER			
E MAIL ADDRESS			
NI/I.D NUMBER		DATE OF BIRTH	

Formal Electrical/Instrument Qualifications and/or other Relevant Craftsperson Certification

Qualifications	Date Awarded
.....
.....
.....
.....

Current/Previous CompEx Certification

Module	Certificate Number	Candidate ULN (If known)
.....
.....
.....

Brief History of Employment in Electrical Industry and/or Hazardous Area Environments

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

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

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	<input type="checkbox"/>		<input type="checkbox"/>

Candidates must tick the below box to confirm that they wish to be assessed in the following module:

Ex14 Responsible Persons	<input type="checkbox"/>
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Declaration of Acceptance of Scheme Requirements:

In signing this registration form the applicant agrees to:

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

Please ensure relevant boxes are ticked for the registration to be processed:

<input type="checkbox"/>	I agree to allow my details as listed in the above Scheme Requirements, to be processed and stored in accordance with the CompEx Certification Limited Privacy Policy
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<input type="checkbox"/>	I allow CompEx Certification Limited to store and use my image solely for the purpose of the CompEx I.D Card
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Signature:

Print Name: **Date:**

Centre Confirmation (to be completed by Licensed Compex Instructor/Assessor)

Employer Candidate Endorsement Letter Received

I have checked the above details and verify that they are complete and accurate and that I have seen evidence of identification and original certification/written evidence confirming course suitability.

Instructor/Assessor Signature: **Date:**

Print Name: **Centre Name:**

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