

**Candidate Registration Form –
Ex01 to Ex10, MTEEx01-04 Maritime & Recognised Practitioners Programmes**

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

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

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

Current/Previous CompEx Certification

Module	Certificate Number	Candidate ULN <i>(If known)</i>
.....
.....
.....

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"/>		

Candidates must select the modules that they wish to be assessed in:

Full Course modules: *(Please tick as appropriate)*

Ex01	Ex02	Ex03	Ex04	Ex05	Ex06	Ex07	Ex08	Ex09	Ex10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maritime Course modules: *(Please tick as appropriate)*

MTEEx01	MTEEx02	MTEEx03	MTEEx04
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recognised Practitioner modules: *(Please tick as appropriate)*

Ex01RPP	Ex02RPP	Ex03RPP	Ex04RPP	Ex07RPP	Ex08RPP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration of Acceptance of Scheme Requirements:

In signing this registration form the applicant agrees to:

- Comply with the requirements for certification.
- Not be in possession (deliberately or non-deliberately) or attempt to use forged, doctored, or fake certification to obtain employment or employment opportunities; to use or possess forged, doctored, or fake certification prior to registering on a valid CompEx qualification.
- 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 Certification Body (CompEx Certification Limited) into disrepute. (Learners in possession of an illicitly forged certificate will have all recent valid certification removed. In addition, CompEx will ban learners from registering on further CompEx training for 18-months. For repeated or continuous attempts, the time frame will be increased to a defined or indefinite period deemed appropriate by the Certification Body).
- Report suspicions of fraudulent or fake Approved Training Partners, malpractice, or maladministration and comply with an investigation.
- Not make any statement regarding the certification which the Certification Body (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 the Certification Body (CompEx Certification Limited) or certification upon suspension or withdrawal of certification; and to return any certificates issued to the Certification Body (CompEx Certification Limited).
- Not use the certificate in a misleading manner.
- The processing and storage of personal data and results, as detailed in the CompEx Privacy Policy (CCL2000) and in accordance with the General Data Protection Regulations 2018.

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)

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 electrotechnical/instrumentation craftsperson status. (A certificate of Core Competence will be issued - Please tick box)

I have checked the above details, but the candidate has failed to supply original evidence confirming electrotechnical/instrumentation craftsperson status. (A Core Competency CSNV Certificate will be issued - Please tick box)

Instructor/Assessor Signature: Date:

Print Name: Centre Name:

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