



CompEx Certification Application Form

Personal Details

Given Name		Family Name	
Apartment No		Building Name/No	
Street		Town/City	
County/State		Country	
Post/Zip Code		Date of Birth	
Nationality (as shown on passport)		Tel No	
E Mail			

Skills, Knowledge and Experience

Please refer to CompEx entry requirements detailed in the Competency Pathway document <https://compexcertification.com/centres/resource-centre/> and give details of your qualifications and experience.

Please be aware that your selected CompEx centre may contact you to discuss your application further and may require you to attend interview or undertake a pre-course test, to verify your knowledge and skills for working in an Ex-environment. Please also be aware that the CompEx centre reserves the right not to accept you onto your chosen course.

Job Role <i>Including company & service/department</i>	
Qualifications & Training <i>Relevant to your job role</i>	
Experience <i>Working in an Ex Atmosphere</i>	

Current/Previous CompEx Certification

Please list any previous CompEx qualifications

CompEx Qualification	Certificate Number	Candidate ULN (if known)

Course Sponsorship

You must tick one of the funding options below. By ticking a selected option, you agree to the accompanying statement.

Employer Funded		I agree that my personal data and the results of my learning and assessment will be shared with both the training centre and my employer. (https://compexcertification.com/privacy-policy/)
Self-Funded		I agree that personal data and the results of my learning and assessment will only be shared with the training centre. (https://compexcertification.com/privacy-policy/)

Employer Contact Details

Please give the full contact details of your employer and either your Line Manager or your Learning and Development Manager (L&D) Manager

Company Name	
Company Address, Zip/Postcode & Country	
Website URL	
Line Manager / L&D Manager	
Line Manager / L&D Manager E Mail	
Line Manager / L&D Manager Tel (inc country code)	

Industry Sector - Please tick the sector(s) applicable to your current employment.

Oil & Gas		Chemicals	
Utilities		Pharmaceutical	
Food & Beverage		Manufacturing	
Fuel Distribution & Retail		Maritime	
Electrical Contractor		Equipment Manufacturer/Distributor	
Other			

Qualification for Assessment - Please select the CompEx qualification you wish to be assessed in

Foundation		Foundation Plus	
ExF		ExF Plus	
ExF NEC500		ExF Plus NEC500	
ExF NEC505		ExF Plus NEC505	
Functional Safety Foundation			

Core Competency & Advanced Practitioner			
Ex01-Ex04 Gas & Vapours		Ex01RPP-Ex04RPP Recognised Practitioner Programme	
Ex05-Ex06 Dust		Ex07-Ex08 Fuel Forecourts	
Ex09-Ex10 Utilities		Ex11 Mechanical	
Ex12 Application Design Engineer		Ex14 Responsible Person	
MTE01-MTE04 Maritime		Small Bore Tubing	

Declaration of Acceptance of Scheme Requirements:

In signing this registration form you agree to:

- Comply with the requirements for Certification, including CCL2001 CompEx Candidate Code of Conduct. (<https://compexcertification.com/wp-content/uploads/2023/11/CCL2001-Candidate-Code-of-Conduct-Rev12-Nov-23.pdf>)
- Meet all relevant entry requirements listed in the Competency Pathway (qualifications &/or experience) for their selected course. <https://compexcertification.com/centres/resource-centre/>
- 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. (<https://compexcertification.com/privacy-policy/>)

Candidate Signature: _____ **Date:** _____

Candidate Name: _____
:

Centre Confirmation

To be completed by the Compex Instructor or Assessor

I confirm that I have checked and verified that the candidate details are complete and accurate.

I also confirm that I have seen sufficient evidence to verify the identity of the candidate, and that I have seen sufficient evidence to demonstrate that the candidate meets all the essential entry requirements (qualifications knowledge, skills, and experience) for the CompEx assessment selected.

Additional Comments

Please add any comments in relation to the suitability of the candidate for the selected CompEx assessment, and/or any recommendations or alternative options that you have advised the candidate about

Instructor/Assessor Signature: _____ **Date:** _____

Instructor/Assessor Name: _____ **Centre Name:** _____

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