

REGISTRATION FORM - CDP 10

Programme Reference No: *(Completed by Contractor/Trainer Organ.)* _____

Name of Programme: _____

To be completed by the Participant/Company

PPS NUMBER	<input type="text"/>	FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>								
MALE/FEMALE	<input type="text"/>	EDUCATION QUALIFICATION*	<input type="text"/>	AGE BANDS <i>(please tick relevant age band)</i>	<table border="1"> <tr> <td>16-24</td> <td>25-34</td> <td>35-45</td> <td>Over 45</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	16-24	25-34	35-45	Over 45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-24	25-34	35-45	Over 45										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
JOB TITLE	<input type="text"/>	SECTOR	<input type="text"/>	COUNTY	<input type="text"/>								

***NOTE: Educational Qualifications P=Primary, J=Group/Inter/Junior Cert, L=Leaving Cert, 3rd=3rd Level, O=Other**

AMOUNT OF FEE

(Paid to the Training Organisation) € _____ *(Please tick)* **Paid by Participant** **OR Paid by Company**

COMPANY NAME	<input type="text"/>
ADDRESS	<input type="text"/>
	<input type="text"/>
COUNTY	<input type="text"/>
TAX REGISTRATION NUMBER	<input type="text"/>
MAIN ACTIVITY	<input type="text"/>
NUMBER EMPLOYED	<input type="text"/>

Is assistance being sought from any other source in reference to this training? *Please tick* **Yes** **No**

If Yes, please state the source and total value of the assistance?

€ _____

Is the company in receipt of any De Minimis over the last three years? *Please tick* **Yes** **No**

If Yes, please describe and state total value.

€ _____

Employers should note that CDP funding is De-Minimis Aid

DECLARATION

The particulars furnished herein are in all respects true. I understand FÁS or it's Agents will have access to the firms financial records relevant to this training.

SIGNED	<input type="text"/>	TITLE	<input type="text"/>	DATE	<input type="text"/>
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De Minimis Aid is aid provided under the European Commission Regulation on De Minimis Aid (ie small amounts of State aid up to €100,000 in any three-year period to any one enterprise are regarded as too small to significantly affect trade or competition in the common market). Such amounts are regarded as falling outside the category of State aid that is banned by EC Treaty and can be awarded without notification to or clearance by the European Commission. Where the enterprise has been in receipt of €100,000 in De Minimis Aid in the last 3-year period, from a state/semi-state agency, it will not be eligible for a training subsidy under this programme.

In the case of a participant (and not their employer) paying the Training Organisation in respect of the training, the De Minimis Aid rule will not apply.

Cert Awarded: _____

This training course is funded by the Irish Government with support from the European Social Fund

Occupational Health + Safety Services

(Consultancy and Training)
9 High Street Galway
Tel 091 563207
www.ohssireland.com
Email: info@ohssireland.com

TRAINING PROGRAMME REGISTRATION FORM AND COURSES:

IOSH MANAGING SAFELY

IOSH SAFETY FOR SAFETY REPRESENTATIVES

(Please tick box)

Times: 8.30a.m. – 4.30p.m.

Venue: Galway

Roscommon

Mayo

Sligo

Donegal

(Please tick box)

Dates: (Please insert date)

Name: _____

Position: _____

Company: _____

Address: _____

Address: _____

Phone: _____

Mobile: _____

Fax: _____

E-mail: _____

Please make cheques payable to OHSS and send to OHSS, 9 High Street, Galway.
Priority will be given to registration forms received with payment.