



PROTHERM
Thermal Insulation Solutions

**EXTERNAL WALL INSUALTION
Manufacturer Training Application**

COMPANY DETAILS

Application Date: _____

Full Company Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Website: _____

DETAILS OF OWNERSHIP

Registration No.: _____

Establishes/Trading Since: _____

VAT no: _____

Type Of Business: _____

Director Shareholder(1)

Director Shareholder(2)

Name: _____

Name: _____

Address: _____

Address: _____

Please State whether you have a current C2

YES NO (please circle)

EMPLOYEE TRAINING INFORMATION

NAME: _____

SAFE PASS NO: _____

TRADE UNION MEMBER: YES / NO

MEMBERSHIP NO: _____

NAME: _____

SAFE PASS NO: _____

TRADE UNION MEMBER: YES / NO

MEMBERSHIP NO: _____

NAME: _____

SAFE PASS NO: _____

TRADE UNION MEMBER: YES / NO

MEMBERSHIP NO: _____

NAME: _____

SAFE PASS NO: _____

TRADE UNION MEMBER: YES / NO

MEMBERSHIP NO: _____

NAME: _____

SAFE PASS NO: _____

TRADE UNION MEMBER: YES / NO

MEMBERSHIP NO: _____

PLEASE NOTE THE FOLLOWING:

The training is carried out over a two day period,

Day 1: Theory and Day 2: Practical. (Please note day 2 is half day)

All applicants must submit two passport type photographs on day one of training.

The applicant's safe pass is presented on day one of training.

All applicants must provide the following items on day two of training:

Hawk, Trowel, Hi visibility top, Safety boots, Gloves, Safety helmet.

A light lunch and refreshments are provided on both days.

On successful completion the applicant will receive;

Completion certificate.

Unique manufacturer license ID.

The cost of the training is €495.00 per candidate.

This is to cover the cost for materials provided, the training facility and lunch.

Please forward you payments to secure you booking for the first NSAI approved training course on Wednesday 4th August 2010.

We accept payments by Credit/Debit card only.



I AUTHORISE PROTHERM LTD TO DEBIT € _____ ON / /

Cardholder Name: _____ Card

No _____

Expiry Date: _____ CVV no: _ _ _

Signature: _____

Upon receipt of your application and payment we will contact you to confirm your place on the booking.

LOCATION OF TRAINING SOUTH DUBLIN.

Please Call Olivia @ 01 4586876 if you have any queries