

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		Job Role (Current)	

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 Inspection	

Current/Previous CompEx Certification *(Please list any previous CompEx qualifications)*

CompEx Qualification	Certificate Number	Candidate ULN (if known)

Employer Details *(Please give the full company name of your current employer)*

Full Company Name	
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Industry Sector *(Please tick the sector applicable to your current employment)*

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

Course Sponsorship (Please select one of the below options. By ticking a selected option, you agree to the accompanying statement.)

Employer Funded	I agree that the results of my learning and assessment can be shared with the CompEx approved training provider and my employer.
Self-Funded	I agree that the results of my learning and assessment can only be shared with the training centre.

Candidate Declaration of Acceptance of Scheme Requirements:

In signing this application 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>
 - 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/>)
 - Registration onto the CompEx Learning Management System for access to courses (free and pay-for), a library of videos, articles and other technical papers relating to potentially explosive atmospheres. Full details listed in the CompEx Privacy Policy (CCL2000) (<https://compexcertification.com/privacy-policy/>)
- Please tick here if you agree to us contacting you with information about CompEx/JTL Group products, services, and developments, and up to date industry information. Opt out information can be found in the CompEx Privacy Policy (<https://compexcertification.com/privacy-policy/>)

Candidate Signature: _____ **Date:** _____

Candidate Name: _____

Approved Training Provider Confirmation:

We the CompEx Approved Training Provider listed below, confirm that that the candidate details, identity and suitability for the chosen course have been confirmed.

Additional Comments Please add any comments in relation to the suitability of the candidate (if required).

ATP Representative Signature: _____ **Date:** _____

ATP Representative Name: _____ **Centre Name:** _____

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