**This form is a declaration for the following which all must declare before the course:**

**1. Health and Fitness Statement & Date Protection Policy - Please Read Below And Confirm**

**2. Experience - Depending On Their Experience It Could Be 1 to 3 Days Course (Pal Holder Is Trained Before)**

**3. Translators - Please Read Below And Confirm (The Translator Can Not Be Someone On The Course Them Self)**

**YOU & YOUR COMPANY DETAILS PLEASE FILL AND EMAIL BACK**

**COURSE (SELECT: 3A : 3B : 1B : HARNESS):**

**BOOKING PERSON:**

**COMPANY:**

**WILL THE DELEGATES NEED A TRANSLATOR ON THE DAY (SELECT: YES OR NO):**

**PLEASE NOTE: ALL DELEGATES MUST BE ABLE TO READ THE MANUALS AND INSTRUCTION BOOKS**

**DATE OF TRAINING (USE DATE AS BOOKING REFERENCE):**

|  |  |  |
| --- | --- | --- |
| **FULL NAMES OF EACH DELEGATE** | **EMAIL ADDRESS AND MOBILE NUMBER OF DELEGATE**  **ALL DELEGATES MUST DOWN LOAD THE IPAF APP AND REGISTER BEFORE COMING ON THE COURSE! ALL LICENCES ARE SENT DIGITALLY TO THE APP** | **EXPERIENCE**  **1 NOVICE**  **2 EXPERINCED**  **3 PAL HOLDER** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
| **7.** |  |  |
| **8.** |  |  |

**IPAF HEALTH & FITNESS STATEMENT (Please note)**

Since the safe use of Mobile Elevating Work Platforms (MEWP) requires that you consult safety notices and read and thoroughly

Understand the manufacturer’s instruction manual, literacy and language comprehension are important requirements for any MEWP User.

Similarly, since the assembly and use of MEWPs can be physically demanding, users should be physically fit and in good health and

Should, generally, not have problems with eyesight or hearing, heart disease, high blood pressure, epilepsy, fear of heights/vertigo,

Giddiness / difficulty with balance, impaired limb function, alcohol or drug dependence or psychiatric illness.

If you have any problems with literacy or language comprehension, or have any doubts about your fitness to use a MEWP, you must bring them to the attention of your employer. This need not preclude you from using MEWPs, provided your employer conducts an

Assessment and is able to put into place adequate measures, to take account of any difficulties you may have.

**DATA PROTECTION POLICY**

Information supplied by you on this form will be recorded by IPAF & SAT SERVICES LTD as part of our registration and

Certification process, Such information may be made available to authorised third parties to verify your registration status,

**BUT WILL NOT BE USED FOR ANY OTHER PURPOSE WITHOUT YOUR PERMISSION! For more info go to www.ipaf.org/privacy**

**Pinda Sanghera (Training Manager)**