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| *WEEELABEX Organisation*  *U Habrovky 11/247* |
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| *Czech Republic* |

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# Operators Training Application Form

*A .doc and signed scanned pdf copy of this document has to be returned to the WEEELABEX Office: office@weeelabex.org.*

**Deadline for submission: No later than 10 working days prior to commencing of the intended training course.**

***This document has to be completed in English.***

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| 1. **Identification of the applicant:** | |
| Name of the applicant: |  |
| Correspondence Address: |  |
| Telephone Number: |  |
| Email address: |  |
| 1. **Identification of the company employing the applicant** | |
| Company Name: |  |
| Registered & correspondence address: |  |
| VAT number: |  |
| Main business of the company  (E.g. Recyclers, Manufacturer, WEEE consultancy, WEEE Compliance System etc.) |  |

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| 1. **Commitment and signature of the candidate** |
| For and on behalf of: Insert **name of applicant**  Signature (not electronic): …………………...................................... (Applicant)  Date: ......................................................................  Treatment Operators Company / Recycler / Manufacturer: ...................................................... (employer)  Name: .............................................................  Position: .............................................................  Signature (not electronic): ……….....................................................(For the Organisation)  Date: ...................................................................... |

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| **Attendance at the training course** |
| Please indicate the dates of the training course you would like to attend.  Depending on demand and availability of spaces, your first choice will be confirmed in due course following the assessment process.  The events will commence at 09:00 hrs and continue until approximately 17:30  **Training Date:**  **Dates:………………………………………………………………**  **Name of the course: …………………………………………………** |