

APPLICATION FORM FOR REGISTRATION AS AN OCCUPATIONAL SAFETY AND HEALTH TRAINER

PART I

1. Name of firm / institution.....

2. Physical address.....

a) County.....District and Town.....

b) Road / Street.....

c) Building and Floor.....

*(Please attach a sketch map of the area indicating prominent landmarks and evidence of tenancy or ownership)*

3. Postal Address. P. O. Box .....Post Code ..... Town .....

4. Telephone. ....

Mobile..... E-mail .....

5. Proprietor(s): (Names and Nationality).....

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6. Name Chief Trainer: .....

Qualification.....

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Experience as a trainer

No. of years      Organisation

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7. Full-time Resource Persons

**(Please attach the list of names, qualifications, certified copies of certificates)**

8. Part-time Resource Persons

(Please attach the list of list of names, qualifications, certified copies of certificates and valid engagement contracts)

9. (a) Course applied: [tick one] Occupational Safety and Health / Fire Safety / First Aid

(b) Types of other courses offered

(Please attach training programmes or brochures)

(c) Target Groups .....

10. List down the training facilities / equipment on site .....

11. Declaration by applicant:

- a) I hereby declare that I am registered business under the Laws of Kenya Company Act (Cap 486) or Business Names Act Cap 499). I also wish to affirm that the affairs of this firm or institution shall be in accordance with ethics of the training profession;
- b) I understand that should I manage the firm / institution contrary to the requirements of thee director, I shall be liable for deregistration;
- c) I understand that every individual resource person shall be restricted to his or her area of competence;
- d) I understand that I shall be required to submit to the director a copy of the timetable containing details of the venue, date and time, topics and names of the resource persons before commencement of training session;
- e) I understand that I shall be required to submit to the director a report of every training carried out immediately after the training and not later than twenty-one (21) days. The said report shall include the course content, level of the trainees (managers / shop floor workers), names of the trainees and their respective workplaces.

Name.....

Designation.....

Signature..... Date.....

**PART 2 FOR OFFICIAL USE ONLY**

Date and number of Committee's meeting.....

Committee's Decision: Recommended ( ) Not recommended ( ) Deferred ( )

Reasons: .....

Signature .....

Chairman

Secretary

Director's comment .....

Signature..... Date.....