



## DIGITAL RADIOGRAPHY TRAINING ENROLMENT FORM

Please complete this Training Enrolment Form and return it along with your **CV**, applicable copies of **current Radiographic Certificate & Eye-test Certificate**:

Name of Candidate:		Date of Birth:	
Company Name:		Individual <input type="checkbox"/> or Corporate <input type="checkbox"/>	
		Position in Company:	
Address:			
Postcode :		Country:	
Acknowledgement Address (if different from above):			
Postcode :		Country:	
Tel No:		Email:	
Fax No:			

### Course Booked:

Course Title :	Course code:	Date:
Course Title :	Course code:	Date:
Course Title :	Course code:	Date:
Course Title :	Course code:	Date:

### Pre-Requisites:

Course Title	Current Radiographic Certificate
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
<b>Current Eye-test Certificate</b>	<input type="checkbox"/>
<b>CV</b>	<input type="checkbox"/>
<b>Employers' letter confirming the length of work experience gained</b>	<input type="checkbox"/>