

Morgan Training Solutions Ltd

Course Assessment Form

For a quote, please complete this form and send to
 -Steve@morgantrainingsolutions.co.uk

Contact Details:

Contact Name:	Job Title:
Company:	
Delivery Address:	
	Postcode:
Telephone:	Mobile:
Invoice Address:	
Invoice Email:	

Course Details:

Truck Type:		Truck Model:
Capacity:		Certification required: * In House Y/N ITSSAR Registration Y ITSSAR Reg & Photo ID card Y/N
Candidates Name	Candidates Experience-Novice/Experienced/Refresher	Date of last test/ Years of experience

Are any delegates under the age of 18 years? Yes/No
 Do any delegates have any learning difficulties? Yes/No
 Do any delegates have any language difficulties? Yes/No
 If yes please state brief details:

Please advise when you would like your training to commence:

Further to the General Data Protection Regulation (GDPR) that came into force on 25th May 2018, we want to advise you that any personal data that is requested within this paperwork is for the sole purpose of processing your training requirements. To request a full copy of our Data Protection Policy or for any further information please email our Data Protection officer mags@morgantrainingsolutions.co.uk.