CITB (Health & Safety)
Examination Booking Form 2024/2025

Falkland College
EXPANDING HORIZONS

Email: exams@college.ac.fk Tel: +500 27133

PLEASE PRINT INFORMATION CLEARLY IN CAPITAL LETTERS, WITH THE EXCEPTION OF AN EMAIL ADDRESS

All fields must be completed in full ensuring the correct information is provided.

Please return all examination booking forms to the Examinations Officer using the email address above.

Exam Details

☐ **Managers & Professionals**

☐ **Operatives**

☐ **Other (please specify)** _____

Special Requirements

Please answer the questions below by ticking YES or NO

	Yes	No	Comment
Do you have any illness that may affect your exam?			
Are you able to use a computer? (You will need to be able to use the mouse and navigate on screen)			
Do you require an audio version of the exam? If YES, please state preferred language for the audio			
Have you sat a CITB exam previously? If YES, please complete the Registration Number box below			
Would you like to purchase a local Health & Safety Card? **This can be purchased upon passing the exam for £10**			

Your Details

Title (Mr, Mrs, Miss, Ms, Other - please specify)					
Full Name					
Address					
Postcode					
Date of birth	/ /				
Registration/Enrolment Number	CITB				
Telephone Number	W		H		M
Email Address **Personal address only**					
Nationality					
What is your First Language?					
How well do you speak English? (Native, Good, Moderate, Poor, Very little)					

Exam Payment

Self-funding		Employer funded (provide details below)	
Company contact			
Telephone			
Email			
Payment reference code			
Signature			

Candidate Declaration

Please Note:
When arriving for your examination you must bring with you:
• **Passport or Driving Licence** (Photographic ID must have the photo and your signature on it)

Cancellation Policy
Once you have booked an appointment with us it means that we have reserved time in our schedule specifically for you. If you cancel your appointment less than **3 days** before it is scheduled to take place, you will be subject to rebooking and paying again. You can cancel or reschedule an appointment by emailing us at exams@college.ac.fk or calling the college on Telephone 27133.

Print Name			
Signature		Date	/ /

College Use only

Form received date	/ /	Form received by	
Payment reference number			
☐ Card Payment		☐ Bank transfer	
☐ AV FIG dept No.		☐ Invoice number	
Date invoice/AV raised	/ /	Date payment received	/ /
Receipt No.		Received by	
Candidate contacted on	/ /	Date of exam / /	Time :