



## MODULE REQUEST PARTICIPATION COURSE FROM TRAINING

To be completed by the requesting company and sent signed by email [admin@qscertkalitest.ch](mailto:admin@qscertkalitest.ch)

### DATA PARTICIPANT / EMPLOYEE:

Surname: \_\_\_\_\_ Name: Born: \_\_\_\_\_ Province \_\_\_\_\_ / State

\_\_\_\_\_ Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Document of identity: \_\_\_\_\_ N. \_\_\_\_\_ Date Expires : \_\_\_\_\_ Entity \_\_\_\_\_

\*Code Tax

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(\*) *Attach copy of the code tax and copy of the document Of identity*

### DATA AGENCY IF APPLICABLE:

The company \_\_\_\_\_ Tax code/VAT number \_\_\_\_\_ Cod. SDI \_\_\_\_\_

with site legal in Street/Square \_\_\_\_\_ cap \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_

with site legal in Street/Square \_\_\_\_\_ cap \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_

In the person of the his legal representative \_\_\_\_\_

Requires Of sign up or Of to register The own employee to the course Of training For :

ISO 9001 – ISO 14001 – ISO 45001 – ISO 27001 – ISO 22301 – ISO 50001 – ISO 19011 – ISO 37001 - Leadership & Management  
Skills – Strategy - Carbon Footprint - Supply Chain - Risk Management - Sales & Marketing - Human Resources - Workshop: Team Building -  
Workshop: Employee Relations Management and Conflict Resolution - Human Resources Diploma for Professionals - Human Resources  
Diploma for Beginners

Bring back In the box The course required.

Prerequisites knowledge from the rules Of reference of the course.

- The undersigned declares to have read, understood and accepted the list of prerequisites required for the specific course for which you are requesting enrollment, as indicated in this form.
- The undersigned declares Of authorize the use and treatment of his data personal Also For today's request of participation in the aforementioned training course.
- The undersigned employer Of Work declares Of have Bed, included And accepted the list of the prerequisites required For the specific course for which you are requesting enrollment, as indicated on this form.
- The undersigned employer Of Work attests That The own employee owns the prerequisites required For the specific course for which registration is requested, as indicated in this form.
- The undersigned employer Of Work declares to to have been authorized by own dependent on use and to treat the your data personal also for today's request to participate in the aforementioned training course.
- The undersigned employer declares to be aware that, for the purposes of enrollment and participation in the aforementioned training course, the employee will be admitted only if he or she provides written consent to the processing of his or her personal data.

Date and place, \_\_\_\_\_

Stamp and Signature