CANDIDATE PERSONAL INFORMATION

"Eligibility to be awarded with an IWCF certificate is conditional upon you providing the information requested below. If you do not supply this information you will not be eligible to sit the examination. The information provided below will be processed by the accredited Training Provider (the training centre) for the purpose of providing training services and certification of candidates and by International Well Control Forum based in the United Kingdom (the accrediting body) for the following reasons: (1) To generate and validate secure IWCF certificates; (2) To produce a secure online certificate verification module which is used to verify the validity of certificates; and (3) In the event of loss or damage of a certificate the IWCF may issue a letter confirming Candidate Registration details and examination results in accordance with the United Kingdom's Data Protection Act 1998.

Employer details are required for certificate validation purposes and the employer will not be contacted without permission for any other reason. Candidate information will not be passed to any other third parties without permission, apart from in the following situations: (1) If there is a complaint or legal challenge concerning your attendance on the course; (2) To assist the public authorities: in the prevention or detection of crime, in the protection of public funds or the apprehension or prosecution of offenders; and (3) In other situations as required and permitted by law.

If you act unethically in relation to IWCF courses or certificates (which includes, but is not limited to, cheating in an IWCF examination or use of a counterfeit IWCF certificate), you may be included on a 'Banned Persons List' with the consequence that you will not be entitled to sit IWCF exams or hold an IWCF certificate. By signing this form, you agree to the processing of personal data (including sensitive personal data where necessary) as described above In particular, your signature below gives consent for your information to be provided to the IWCF located in the United Kingdom.

Section 1 - General Information

First Name(s) _____

Family Name _____

Date of Birth _____ Place of Birth _____

Country of Birth _____

Full Home address _____

Country _____ Postcode/Zip code _____

Telephone _____ Fax _____

E-mail _____

Section 2 - Photographic Identification Details:

Photographic ID must be valid for at least 2 years from date of taking this course. If less than 2 years please provide an additional Identification i.e. Photographic Driving License or a National ID Card. If unsure please contact IWCF for clarification.

Passport (tick) ☐ **Alternative Method of Photographic ID** (tick) → Driving License ☐ National ID card ☐

Country of issue _____ Passport Details Here _____ ID Country of issue _____ Alternative ID details here _____

Passport Number _____ Passport Details Here _____ ID Number _____ Alternative ID details here _____

Passport Expiry Date _____ Passport Details Here _____ ID Expiry date _____ Alternative ID details here _____

Section 3 - Payment Details (tick) Self-Funded ☐ Employer Funded ☐ **Job Title** _____

Section 4 - Employer Details

Company _____

Full Address _____ Post Code _____

Telephone _____ Fax _____

E-mail _____

Section 5 – Current IWCF Certificate Details - Anniversary Dating

Please provide details below if you hold a current IWCF certificate.

Certificate Number _____ Level _____ Expiry Date _____

Copy Provided (tick) Yes ☐ No ☐

Candidate Signature _____ **Date** _____