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ASSESSMENT DAY FORM

ASSESSOR – Please complete in Capital letters/ Upper case and sign this form at the end of the assessment day TRAINING COMPANY – Once the form has been completed, please email it to registration@irata.org

Please note that registrations entered online, will not be approved and processed until this form has been received.

NAME OF TRAINING COMPANY:

TRAINING COMPANY IRATA No:

CANDIDATES NAME As required on Documents.						DATE ASSESSED		LEVEL ASSESSED	IRATA No	Re-Registration, Upgrade or Direct Entry D/E – Direct Entry U – Upgrade	PASS/ FAIL	Direct Entry Verified By	COMMENTS (If any)	ASSESSMENT FORM No.	
First Name	Last Name(s)	DD/MM/YY		<u>YY</u>	DD/MM/YY				applicable)	R – Re-Registration					
ASSESSOR SIGN	ASSESSOR SIGNATURE:														
ASSESSOR NAM	ASSESSOR NAME:														
DATE:															
PLEASE NOTE: For prices please refer to the registration form.						Office Use Only: Date Received:			_Date Processed:		Date Invoiced:		Invoice Number:		