CEPN Qualified Trainer Program Application – Individual Submission

# Applicant Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain your primary interests in attending a CEPN Chemical Safety Training Train-the-Trainer Session (e.g. learning, conducting training within your company, conducting training at your supplier facilities, etc.):

|  |
| --- |
|  |

# Intended Training Facility(ies)

Do you intend to conduct training using the CEPN Chemical Safety Training materials? Yes [ ]  No [ ]

If yes, please indicate the facility(ies) where you intend to provide training by completing the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Name**  | **Facility Address**  | **Facility Country**  | **Training Language**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

(Add rows as needed)

# CEPN Agreement

Please review the CEPN Agreement for Program Participation - Individual and ensure you are willing to sign this agreement before submitting your application, as signing the agreement is part of the requirements for becoming a Qualified Trainer.

# Submission Instructions

Please submit the completed application via email to info@cleanelectronicsproduction.org .
Deadline: As indicated on CEPN’s website.