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](mailto:info@cleanelectronicsproduction.org) .   
Deadline: As indicated on CEPN’s website.