Training and Examination Scheme for Crematorium Technicians Enrolment Application



To be completed by the candidate

<u> </u>	
Forenames (in full)	
Surname	
Home Address	
Post Code	
Work telephone number	
Email address (used for the Online Learning Academy)	
Name of employer	
Crematorium (employed at)	
Type of cremator in use (give manufacturer and model)	
Is abatement equipment installed?	
Job title of candidate	

- I have read and understand the Terms and Conditions and agree to abide with conditions therein.
- I agree to my name, photographic ID and qualification status being included on the Register of TEST Certificate of Proficiency Holders which will be accessible to FBCA Member Authorities.

Signature of candidate	Date	

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Name of	<u>-,</u>				
Mentor(s)					
Signature of					
mentor(s)					
Mentor					
Candidate					
Number(s)					
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Signature(s)			D	ate	
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Address or be sent:	<u>Email</u> to which i	invoice should			
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that it is a	true likeness of	• • •	tograph for the a	pplicant an	
	official order nu payment of the fe	mber ee of £564 (valid u	ntil 31 Decembe	er 2025)	and
		itor's Certificate o			tor does not hold
	EST certificate o		j		
Signature o	of Officer in			Date	
_	rematorium				
Name in blo	ock capitals				
Contact t	elephone				