

# Course Notification Form

September 2024

## Training Provider Details

Training provider name:

Training provider number:

Contact name:

Contact email address:

Date submitted:

## Course Details

Pre-approved programme number:

Site name and address:

Delivery method  Classroom  Remote

Start date:  Start time:  End time:

Instructor names:

Exam 1 date:  Exam 1 start time:

Exam 2 date:  Exam 2 start time:

Invigilator names

Please indicate the reason that the course is being notified less than seven days prior to the start date:

## For office use only:

Approved: Yes  No

Uploaded on to database:  Initials: