

**TRAINING ORGANISATION NAME:**

HSENI approval number:



Contact Name:

Contact telephone number:



Please take note of the following  proposed course details.  amendments to a previously notified course.

Change of venue:  Change of dates:  Change of trainer:  Change of assessor(s):

Signature: \_\_\_\_\_

Date of submission: \_\_\_\_\_

(In the event that you are notifying HSENI's EMAS of a course cancellation you should indicate this clearly by completing the appropriate box below. All changes must be notified in advance of course commencement)

**DETAILS OF PROPOSED COURSE:** *(Must be notified to HSENI's EMAS 4 weeks in advance of "Date day 1" below).*

Name of client firm:  *(if "various" please state).*

Full 3 day course:  2 day refresher:  1 day EFAW:  EFAW Refresher:

*(please indicate)* Start time:  Finish time:

Date day 1:  Trainer:

Date day 2:  Assessor 1:

Date day 3:  Assessor 2:

Number of trainees:  Venue:

Date and time of examination:

Booklet which trainees will receive:

If security clearance is required for EMAS staff to carry out a monitoring visit at this venue, has this been arranged?

Yes:  No:  Not applicable:

**Course has been cancelled**

Signature:  Date:

Proposed course notifications, amendments and cancellations can be notified to HSENI's EMAS by the following methods only: By email to: [emasmail@hseni.gov.uk](mailto:emasmail@hseni.gov.uk) or by hardcopy to the address below. Organisations should note that FAW courses which HSENI's EMAS has not been notified of will not be considered as valid.

**Return to:** Health & Safety Executive Northern Ireland  
Employment Medical Advisory Service  
2<sup>nd</sup> Floor, Longbridge House  
16-24 Waring Street, Belfast  
BT1 2DX

**E-mail:** [emasmail@hseni.gov.uk](mailto:emasmail@hseni.gov.uk)  
**FAW2008AT7**

**FOR HSENI / EMAS USE ONLY**

CHECKED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTIFICATION accepted / not accepted\*** (please delete)