

CITB Site Supervisor Safety Training Scheme

**Civil Engineering Contractors Association (Southern) Ltd**

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**CITB Site Supervisor Safety Training Scheme**

**This two-day course** is designed for delegates who have, or are about to acquire supervisory responsibility.

Please see full programme attached.

The course is an approved CITB SSP course and is run by [2020safetysolutions](http://www.2020safetysolutions.co.uk/).

Each delegate will gain a CITB certificate that is nationally recognised, the course is also eligible for training grant reclamation from CITB.

**Dates:** Tuesday 14 & Wednesday 15 June 2022 (two-day course)

Start 09:00 - Finish 16:30

**Venue:** Virtual by Zoom

**Cost:** The cost of the programme is £215.00 + VAT per delegate.

**How to apply**

**Apply BY RETURN – complete the form below and email to** [**lucyhudson@cecasouth.co.uk**](mailto:sharonbrown@cecasouth.co.uk)

*Please note there is a maximum of 12 places on the course and bookings will be dealt with on a first-come first-served basis. In the first instance, there will be a maximum of one booking per member but let us know if you have others that would like to attend and we can add them to the Reserve List.*

**Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company CITB Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delegate name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delegate email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delegate tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**An invoice will be issued on receipt of the booking form (we cannot take credit/debit card details)**

Is a Purchase Order No required YES/NO

If Yes, please state P.O. No: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Invoice address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMMED. 06/10/2011**