

CITB TEMPORARY WORKS SUPERVISOR TRAINING

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

**Metro House, Northgate, Chichester, West Sussex PO19 1BE • M: 07355 091 233**

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**CITB Temporary Works Supervisor Training Course**

**This one-day course** is designed for potential temporary works supervisors who have to supervise the erection and decommission of temporary structures.

The course is an approved CITB 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 18 June 2024

Start 09:00 - Finish 16:30

**Venue:** Virtual by Zoom

**Cost:** The cost of this programme is 195.00 + VAT per delegate.

\*Cancellation within 15 working days of the course start will be charged. (Substitutions are permitted)

**How to apply**

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

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

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

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

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

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

**Delegate Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reserve name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**IMMED. 06/10/2011**