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ADF Serial No: _____

ASSESSMENT DAY FORM

ASSESSOR – Please complete in Capital letters/ Upper case and sign this form at the end of the assessment day

TRAINING COMPANY – Once the form has been completed, please email it to registration@irata.org

Please note that registrations entered online, will not be approved and processed until this form has been received.

NAME OF TRAINING COMPANY: _____

TRAINING COMPANY IRATA No: _____

CANDIDATES NAME As required on Documents.		DATE OF BIRTH			DATE ASSESSED			LEVEL ASSESSED	IRATA No (if applicable)	Re-Registration, Upgrade or Direct Entry D/E – Direct Entry U – Upgrade R – Re-Registration	PASS/ FAIL	Direct Entry Verified By	COMMENTS (If any)	ASSESSMENT FORM No.
First Name	Last Name(s)	<u>DD/MM/YY</u>			<u>DD/MM/YY</u>									

ASSESSOR SIGNATURE: _____

ASSESSOR NAME: _____

DATE: _____

PLEASE NOTE:

For prices please refer to the registration form.

Office Use Only:

Date Received: _____ Date Processed: _____ Date Invoiced: _____ Invoice Number: _____