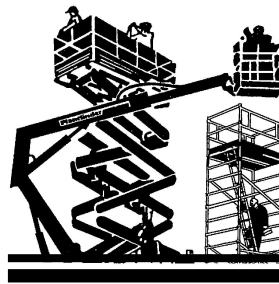


# Plantfinder

**FOR ACCESS PLATFORMS**



**Plantfinder (Scotland) Ltd**  
Palmermount Ind. Est.  
Kilmarnock Road  
Dundonald  
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KA2 9BL

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Email: [sales@plantfinderlimited.co.uk](mailto:sales@plantfinderlimited.co.uk)

Tel: **01563 850060**

Fax: **01563 850936**

To Company \_\_\_\_\_

Address \_\_\_\_\_

**POST CODE** \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Training Ordered By: \_\_\_\_\_ Order No: \_\_\_\_\_

Date Training to take place: \_\_\_\_\_

Address Training to take place: \_\_\_\_\_

No of Candidates \_\_\_\_\_ Booms: \_\_\_\_\_ Scissors: \_\_\_\_\_ Both: \_\_\_\_\_

## **\*CANDIDATES REQUIRED TO BRING ON DAY OF COURSE\***

**FOR AFTERNOON USE ONLY – Not to be worn during theory session**  
**PPE: Hard Hat, Safety Shoes, Reflective Vest.**

**LUNCH & REFRESHMENTS WILL BE PROVIDED ON ALL COURSES BOOKED**

**Please confirm if on-site training is required, that the following are available:**

Correct machines for course with current valid **Thorough Examination Certificate** YES / NO

Lecture room or similar can be provided suitable for number of candidates YES / NO

Platforms required and practical test area is set aside for training YES / NO

## **PLEASE CONFIRM PREVIOUS EXPERIENCE OF CANDIDATES & RETURN FORM A.S.A.P.**

**Name of Candidate**  
**NATIONALITY**

**Date of Birth**

**No of Years Experience**

**No of Years**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of person ordering Training: \_\_\_\_\_ Date: \_\_\_\_\_

