Register Knowledge Telesance Persyverace Resillence

Application form

mod. 1.1 Rev.0 of 01/10/2021

Personal informa	tion							
Name			Surnai	ırname				
Date of birth		Place of birth						
Nationality						•		
Address								
Post code		Country						
Diploma								
Phone number		Mobile phone						
Mail address						•		
Area or Country wher	e the QUAI	IREGISTER skills	s will					
be used								
Invoicing informa	ation							
Invoicing name:								
Address:								
Post code & City					Country			
VAT Number					VIES subscrip	otion		
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with the register of ori	_							
☐ request of accommo	dation for	special needs						
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Date//				Si	gnature			

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I committ to:

- satisfy certification requirements and to provide any necessary information for the process of evaluation
- -do not to disclose documents and exam materials and any information that could prejudice QualiRegister
- promptly inform QualiRegister on aspects that may influence one's ability to continue to meet the certification requirements
- use the logo in compliance with the regulations governing the use of the QualiRegister logo and not to use it in case of forfeiture or cancellation of competences
- not take part in fraudulent practices relating to the subscription of exam material and not to use media of any kind or other unauthorized help during the course of the exams, and not to release confidential information on exam material
- to inform immediately SMC Slovensko, on aspects that may influence my own capacity of keeping to satisfy the requirements of certification
- comply with the relevant provisions of the certification scheme
- to make claims regarding certification only with respect to the scope for which the certification has been granted
- not to use the certification in a manner as to bring SMC Slovensko into disrepute, and not to make any statement regarding the certification which SMC Slovensko considers misleading or unauthorized
- to discontinue the use of all claims to certification that contain any reference to SMC Slovensko or certification upon suspension or withdrawal of certification, and to return any certificate issued
- not to use the certificate in misleading manner

I authorize the processing of my personal data in accordance with the applicable legislation

Personal data are collected for purposes related to the execution of this Agreement as well as to comply with all legal and / or administrative provisions necessary for its execution; the data will be processed lawfully, fairly and in such a way as to guarantee maximum confidentiality and security; it will be recorded and stored in computer and / or paper archives; the data will be processed for the following operations: collection, registration, organization, storage, consultation, processing, modification, selection, extraction, comparison, use, interconnection, blocking, communication, cancellation and destruction of data; The data may be communicated and / or disseminated, if necessary, in the cases provided for by law: 1. to external subjects who carry out specific tasks on behalf of the company (bookkeeping, financial statements, tax obligations, publisher for publication in newspapers, to carry out specific tasks, etc ...); 2. to banking institutions for the management of various receipts and payments deriving from normal commercial activities or from the execution of contracts in place; 3. anonymously for statistical purposes; 4. for communication and sending of Customer data in the state, abroad, to third parties interested in the business of QualiRegister, to the accreditation body and to the relevant Public Bodies

I attach to this application:

- 1. Curriculum vitae
- 2. Educational qualification
- 3. Whatever is required in the qualification form in relation to each specific standard / sector

Final Notes

Date___/___

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۷.	The candid	date is	informed	of the	possibility	of	declaring	special	requests	/ needs.	Specify	below

Signature_____