



OSH Association UK

OCCUPATIONAL SAFETY & HEALTH ASSOCIATION

OSH Co-ordinator Certificate Course



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NOTE: All sections of this form must be completed with CAPITAL LETTER before any corps member will register for this course. (please ensure that your details are correct as this will be used for records/ issuing of certificates)

NYSC SCHOLARSHIP SAFETY (HSE) TRAINING REGISTRATION FORM

Candidate's Name:	
Mode of Training: (Tick) Distance Learning: / Classroom:	NYSC I.D NO.:
Phone No:	Period of Service: From: To:

DETAILS OF APPLICANT	
Date of Birth:	Male/Female:
PPA Address:	
Permanent Home Address: (For Correspondence)	
Nationality:	State/City:

Name of Institution:	
Profession/Discipline:	Qualification Obtained:
Your Expectation after training:	Year Obtained:
	Email:

PAYMENT DETAILS (Please, locate the account details in our website, or call us for assistance)	
Bank Name:	Branch:
Date Paid:	Teller Number:
Amount Paid:	

GTBank PLC (Nationwide) Account Name: **Elak Multi Resources**, Account NO: **0013467239**
ECO Bank Plc Account Number: **Elak Multi Resources** Account Number: **1713000513**
ZENITH BANK PLC Account Name: **Elak Multi Resources** , Account Number: **6116103389**

KOPA'S SCHOLARSHIP FEE: N 10,000

*Giving you a
SURE SAFETY FOUNDATION*

TERMS AND CONDITIONS:

- Registration should be made online or downloadable filled form can be send via training@elakgroup.com or call us for assistance.
- Cancellation of any course by candidate should be less than 5 working days after registration neither classroom or distance learning, and candidate receive 60% of the paid course, while 40% covers administrative fee, if within the stated days above.
- Candidates must follow the scholarship training program as scheduled by ELAK Academy, both training and conducting of induction ceremony for collection of certificates.
- Candidates are required to pick their certificate (s) from ELAK Academy Co-ordinators after all payment made, or ship to candidate on his/her expenses.
- All payment must be made via ELAK Account, and photo copy must be attached to this form, on submission to ELAK Co-ordinator.

DECLARATION

To be completed (in capital letters) and signed by the applicant.

I _____
confirm that I have agreed on the terms and condition of the above mentioned scholarship training course. I confirm that I will comply with all applicable conditions.

Signature of applicant _____ Date _____

**Authorized Training Provider:
ELAK Academy**

Registered in England and Wales -Company NO: 8470001.
Represented in Nigeria by **ELAK Multi Resources Nig. Ltd- RC: 1026369** .

ELAK...Going extra mile to train you, adding VALUE to your Career!