

# New Membership Audit Booking Form



**Category of training to be audited :**    **C Licensed**                      **B Non-Licensed**                      **A Asbestos Awareness**                      **(please circle)**

Company:	Company Trading Address:
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Date:	Time:	Training site address:	Trainer:	Course Title:
	to			
	to			
	to			

Contact name:	Contact phone number:	Contact Email:
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**Training Provider Cancellation**

**The Training Provider is expected to inform UKATA if they are unable to undertake an audit on the agreed date. The Training Provider undertakes to give UKATA a minimum of 48 hours notice unless unforeseen circumstances prevent this Cancellation given within 5 working days will incur a charge of 50% of the fee due. Less than 48 hours will incur a charge of 100%.**

**UKATA Cancellation**

If a UKATA auditor is unable to attend an audit due to unforeseen circumstances, the Training Provider will be given reasonable notice wherever possible and offered an alternative audit date.

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