Iarnród Éireann			COURS	E R	EG	ISTF	RATI	ON F	ORI	М	
CONTRA	CTOR P	TS INDU	JCTION								
EMPLOYING COMPANY DETAILS (Print Details) COMPANY NAME		nber: If a new spo New Customer- A	onsoring company pplication' Form	ORGANISER'S (Print Details)	NAME						
ADDRESS				TELEPHONE NU	UMBER-	includ	e area code				
				EMAIL ADDRES	SS:						
						A traii	ning date	will be of	fered once	e your	
PREFERRED TRAI		r first choice may	Dublin:						and valida		
Select your preferred training venue. Your first choice may not always be available. Limerick Junction: SCANNED COPIES OF APPLICATIONS ARE NOT ACCEPTED				S							
PAYMENT DETAIL	s						Send	complete	d applicat	ions &	
Payment is by I							Iarn	ód Éirea			
		NUMBER (97)	xxxx) in the Refe	rence section of y	our pay	ment	tr Trair	ing Cent			
Return remittar	nce notification w	with your applic	cation				Inch Dubl		lway Wo	rks	
Total Amount Payable	€							ral Enquir contract	es or.pts@iri:	shrail.ie	
* Iarnród Éireann B	-	tails are availat	ble from the Trainin	a Centre					•		
Terms & Conditio				9 0011.0			СНЕСК	LIST:			
1. Contractor P.T.S.	Induction is a one		ramme								
(Time: 09.15-16.0 2. Attendees must b 3. A course fee of		ompany are contr							at the follo ur applica		
4. TWO passport ph	otographs per atte	ndee (For Medical	,					nce Notif person (E			
 Each attendee must be passed medically fit to a standard specified by the Iarnród Éireann C Medical Officer- <i>Medical report must accompany this form</i> Employing companies who fail to provide payment, photographs, PPS Numbers, Medical Report 						Passpor	t Photogr	aph:		╡┃	
 6. Employing companies who fail to provide payment, photographs, PPS Numbers, Medical Report will result in non admittance to the course for the attendee(s) 7. Scanned copies of applications are not accepted 					┥┃						
8. As an employing company, if you are paying for a subcontractor to attend training a separ application form for Contractor PTS Induction Training Course must be submitted for			for the		Fit for we	ork, signed	photograph		-		
subcontractor. Include a cover letter stating that you are making payment for the specified sub contractor. Attendee Details: Name, DOB											
 9. Cancellations are accepted in writing up to 24 hours prior to the confirmed training date, after whic full course fee will apply 10. Where participants do not show for training, full course fee will apply 			a winci		PPS Nu	mber:					
 Participants must have a good working knowledge of English Participants must partake in an end of course written assessment. On successful completion of 				n of the		Training	g Venue:				
Contractor P.T.S. Training Course, participants will be registered with Iarnród a registration card				ród Éireann and issu	ied with		Custom	er Numbe	er:		
 Registration card can be valid for a maximum period of up to 3 years, aft attend and successfully complete a refresher programme Registration card must be carried at all times and produced when requested 				fter which the holder must For your application to be processed ensure							
 Registration card must be carried at all times and produced when requested Replacement registration cards are issued at a cost of €25 Registration cards remain the property of Jarpréd Éireann 				1			that the r Iarnród Éir	•	ormation is alidation.	returned	i to
16. Registration cards remain the property of Iarnród Eireann 17. Registration cards will be issued within 10 working days Incomplete applications will be				returned a	and						
 18. The employing company must bear all other costs associated with attending Contractor P.T.S. Induction training (employee time and travel, etc.) 19. Neat dress is expected while attending training Once applications are validated a confirmed 				ned							
20. Each attendee mi	 19. Neat dress is expected while attending training 20. Each attendee must have a High Visibility Vest (Orange colour) and Safety Footwear on the training course. These are NOT supplied by Iarnród Éireann. 										

ATTENDEE DETAILS (PRINT DETAILS)	COPY THIS SHEET IF YOU HAVE MORE THAN 5 ATTENDING AND ATTACH TO YOUR APPLICATION

ATTACH WITH SELLOTAPE A PASSPORT	ATTENDEE DETAILS (Print Details)
QUALITY PHOTOGRAPH	Name:
ENSURE THE ATTENDEE NAME IS PRINTED ON THE BACK OF THE	
	Date of Birth:
PHOTOGRAPH	DD-WM-YYYY
	PPS Number:
	A High Visibility Vest (Orange colour) and Safety Footwear are required for each attendee on the training course, these are NOT supplied by Iarnród Éireann. Office Use Only:

ATTACH WITH SELLOTAPE A PASSPORT	ATTENDEE DETAILS (Print Details)
QUALITY PHOTOGRAPH	Name:
ENSURE THE ATTENDEE NAME IS PRINTED ON THE BACK OF THE PHOTOGRAPH	
	Date of Birth: D - M M - Y Y Y
	PPS Number:
	A High Visibility Vest (Orange colour) and Safety Footwear are required for each attendee on the training course, these are NOT supplied by Iarnród Éireann.

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ATTACH WITH SELLOTAPE A PASSPORT	ATTENDEE DETAILS (Print Details)
QUALITY PHOTOGRAPH	Name:
ENSURE THE ATTENDEE	
NAME IS PRINTED ON	Date of Birth:
THE BACK OF THE PHOTOGRAPH	
	PPS Number:
	A High Visibility Vest (Orange colour) and Safety Footwear are required for each attendee on the training course, these are NOT supplied by Iarnród Éireann. Office Use Only:

ATTACH WITH SELLOTAPE A PASSPORT QUALITY PHOTOGRAPH ENSURE THE ATTENDEE NAME IS PRINTED ON THE BACK OF THE PHOTOGRAPH	ATTENDEE DETAILS (Print Details)
	Name:
	PPS Number: A High Visibility Vest (Orange colour) and Safety Footwear are required for each attendee on the training course, these are NOT supplied by Iarnród Éireann. Office Use Only:

ATTACH WITH SELLOTAPE A PASSPORT	ATTENDEE DETAILS (Print Details)
QUALITY PHOTOGRAPH	Name:
ENSURE THE ATTENDEE	
NAME IS PRINTED ON	Date of Birth:
THE BACK OF THE PHOTOGRAPH	DD-WM-YYYY
	PPS Number:
	A High Visibility Vest (Orange colour) and Safety Footwear are required for each attendee on the training course, these are NOT supplied by Iarnród Éireann.