

ISO Auditor Training Registration Form

1. Personal Information

2. Training Details		Second Name	
Surname		Email	
Phone No.		Gender	
Company Name		Level of Education	
Job Title		Years of Experience	

Tick	Training Programs
<input type="checkbox"/>	ISO 9001:2015 Quality Management Systems-Lead Auditor
<input type="checkbox"/>	ISO 9001:2015 Quality Management Systems-Internal Auditor
<input type="checkbox"/>	ISO 14001:2015 Environmental Management Systems-Lead Auditor
<input type="checkbox"/>	ISO 14001:2015 Environmental Management Systems-Internal Auditor
<input type="checkbox"/>	ISO 45001:2018 Occupational Health and Safety Management Systems-Lead Auditor
<input type="checkbox"/>	ISO 45001:2018 Occupational Health and Safety Management Systems-Internal Auditors

3. Training Date(s)

Start Date		End Date	
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4. Alternative Contact Information

Name		Phone No		Relationship	
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Payment	Pay bill:522 522 Acc No: 1150600306	Account Name TRAINUS AGENCIES LIMITED
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Declaration

I hereby confirm that the information provided above is accurate to the best of my knowledge.

Signature..... Date

OR

Fill the form online <https://trainus.co.ke/auditor-training.php>



+254 758 756 899 (office line)
+254 721 987 501 (mobile line)



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