



# TRAINING ACCEPTANCE NOTE

Please complete the following and return it to us by email. By completing and submitting this Acceptance Note it is confirmed that: (a) you agree for FACTS to complete the tasks quoted for and (b) the Terms & Conditions ([click here](#)) have been read, understood and are agreed to.

## COMPANY DETAILS:

Date	_____
Company name	_____
Physical address	_____
Technical contact person	_____
Position within company	_____
Email	_____
Tel / mobile number	_____
Accounts contact person	_____
Email	_____
Tel / mobile number	_____
VAT registration number	_____
Quotation number	_____
Purchase order number	_____

## TRAINING REQUEST FORM:

Training Date	_____		
Training title / Training option	_____		
Number of Delegates	<input type="text"/> Managers	<input type="text"/> Supervisors	<input type="text"/> Factory Workers
Tailored Training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
FACTS to supply printed manuals / training material?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Assessment of understanding to be completed by FACTS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
FACTS to supply printed certificates?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Data projector available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Audio available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**FACTS REQUIRES THE FOLLOWING:** Names of delegates must be submitted in Excel one week before training date.

**ADDITIONAL:** Travel costs are estimated and thus subject to change and there may be additional charges incurred.

PLEASE CONTACT US IF YOU HAVE ANY QUERIES REGARDING THE SERVICES WE OFFER.  
WE LOOK FORWARD TO ASSISTING YOU TO ACHIEVE YOUR OBJECTIVES.

PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING THIS DOCUMENT