



**REGISTRATION FORM FOR TRADE TESTING PANEL MEMBER**

This form must be completed by prospective candidates for appointment to the position of "Member" on any Trade Testing Panel.

**A. TO BE COMPLETED BY APPLICANT:**

- 1. NAME: ..... Age:.....
- 2. EMPLOYER: .....Tel:.....
- 3. POSTAL ADDRESS: .....  
.....
- 4. PRESENT JOB TITLE:.....
- 5. QUALIFICATIONS: (Please attach copies of relevant certificates)  
.....  
.....
- 6. MEMBERSHIP OF PROFESSIONAL BODIES/ORGANISATIONS:  
.....  
.....
- 7. Please list the trades in which you feel competent to test and at which level (i.e .Grades I, II and 3)

**TRADE(S)**

**GRADE(S)**

.....

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Applicant's Signature: ..... Date: .....

**B. TO BE COMPLETED BY EMPLOYER:**

I authorise the above named officer to participate fully in the trade test panel meeting, supervision and marking of trade test.

Signed: .....Designation: ..... Date:.....

**C. APPROVAL OF APPLICATION BY TRADE TEST ADVISORY COMMITTEE:**

1. Application approved (Yes/No)

Meeting No. .... Dated.....

2. PANEL(S) ON WHICH THE APPLICANT MAY SIT:

**TRADE(S)**

**GRADE(S)**

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**Signed:** Chairperson TTAC: .....

Date: .....

Director (DIVT): .....

Date: .....