 **Area 5 C+ Test Care Nomination form**

**Test date**

**Candidate information**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRANCH/CENTRE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF PREVIOUS TEST\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to nominate the above Candidate for C+ test Care

I hereby certify that

* The Candidate has been trained in the subjects required for this Test and is up to the standard required.

IMPORTANT INFORMATION

* Having failed, a Candidate may not re-take the Test until a minimum of two months has elapsed after their unsuccessful attempt
* In the event of a Candidate failing the Test a new nomination form must be submitted together with a further fee.
* Does the Candidate need reasonable adjustment (if yes please send to area5.training@pcuk.org) )

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

District Commissioner/Centre Proprietor