



Candidate Registration Form

➤ **Confidentiality of Information:**

- Information supplied by an individual or employer is for the confidential use of **TUV SUD Middle East** and will not be disclosed without the written permission of the individual or employer concerned. This application should be submitted to the Administrator of the TUV SUD Middle East L. L. C.

- **Candidate Name** : _____
- **Company** : _____
- **Home/ Cell Phone** : _____
- **Address** : _____
- **Certification Scope** : _____
- **Language** : _____

➤ **By signing this application, I verify that a medical professional has found me physically qualified to act according and the training mentioned above according to the relevant standard.**

➤ **I further agree to the following conditions:**

- a. To comply with the relevant provisions of the certification requirements and to supply any information needed for the assessment.
- b. To comply with TUV SUD ME examination policy in maintaining the integrity and security of the examination process and be committed to not to release confidential examination materials or participate in fraudulent test-taking practices. Any irregular or improper behavior in examinations that is observed or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate's examination. In addition, TUV SUD ME may at its discretion suspend or revoke certification, exclude candidates from future examinations. {(Examples of irregular or improper behavior include giving or obtaining information or aid, looking at the test material of others, removing examination materials from the test center, bringing unauthorized items, including watches or electronic devices (e.g., Laptops, cell phones, etc.), into the examination)}
Failing to comply with time limits or instructions, talking, or other disruptive behavior. Test administrators may intervene to stop any of the foregoing and inform the certification Scheme Committee.
- c. The certified person shall inform the certification body, without delay, of matters that can affect the capability of the certified person to continue to fulfil the certification requirements.
- d. To make claims regarding certification only with respect to the scope for which certification has been granted,
- e. Not to use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body may consider misleading or unauthorized.
- f. To discontinue the use of all claims to certification that contains any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body, and
- g. Not to use the certificate in a misleading manner.

- h. In addition, I agree to abide by the conditions of certification and agree to inform the certifier of any changes affecting the status of the certification.
- i. If you have any known person in TUV SUD please mention the name.
- j. For the applicant of special needs has opportunity to declare, within reason, a request for accommodation.
- k. If the candidate's language is not English, the certification of person center of **TUV SUD ME** will provide interpreters.

Candidates Rights:

- a. Information supplied by an individual or employer is for the confidential use of **TUV SUD Middle East L.L.C.** and will not be disclosed without a written permission of the individual or employer concerned.
- b. All Certified Persons will be received a certification and ID card.
- c. The candidate not passing the first written or practical exam or both has the right to re-sit with 50% of exam fees for one chance during 2 month from the last examination, then if he didn't pass, he needs to re-register for new certification from the beginning with full charge.
- d. For the applicant of special needs has opportunity to declare, within reason, a request for accommodation.

For more information about our certification schemes & process, we kindly request the candidate to visit our website <https://www.tuvsud.com/en-ae/services/training/certification-of-persons>

Applicant Signature: _____ **Date:** _____

The required documents/Details to be submitted along with the Candidate Registration Form:

Candidates Documents / Details	(Reserved for TUV SUD ME Administrator)
Passport copy/ ID	<input type="checkbox"/>
Driving License Copy	<input type="checkbox"/>
Age of the candidate	(.....)
Proof of training if required(QP Area only)	<input type="checkbox"/>
Years of experience in the field of applied certification scope	(.....)

Note: please put a ✓ mark if required documents are attached and fill the required details.

The administrator review:

Administrator name: _____

Administrator Signature: _____ **Date:** _____

Email to info.q@tuvsud.com , (or) Fax to: +974-40052020, Tel: +974-40052000

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