**Renewal / Change of Company Authorisation Request**

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| --- | --- | --- | --- | --- |
| **Applicant 1** | **Full Name** |  | **ENWL / Contractor No** |  |
| **Change of Company (please tick) ** | **Yes** |  | **No** |  |  |
| **Renew all Codes (please tick) ** | **Yes** |  | **No** |  | **If No – please list Codes to be withdrawn** |  |
|  |
| **Relevant Formal Refresher Training Courses Attended** |
| **Course Reference/Title:** | S185 or equivalent - Emergency First Aid (mandatory) | **Date** |  |
| **Course Reference/Title:** |  | **Date** |  |
| **Course Reference/Title:** |  | **Date** |  |

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| **Applicant 2** | **Full Name** |  | **ENWL / Contractor No** |  |
| **Change of Company (please tick) ** | **Yes** |  | **No** |  |  |
| **Renew all Codes (please tick) ** | **Yes** |  | **No** |  | **If No – please list Codes to be withdrawn** |  |
|  |
| **Relevant Formal Refresher Training Courses Attended** |
| **Course Reference/Title:** | S185 or equivalent - Emergency First Aid (mandatory) | **Date** |  |
| **Course Reference/Title:** |  | **Date** |  |
| **Course Reference/Title:** |  | **Date** |  |

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| **Applicant 3** | **Full Name** |  | **ENWL / Contractor No** |  |
| **Change of Company (please tick) ** | **Yes** |  | **No** |  |  |
| **Renew all Codes (please tick) ** | **Yes** |  | **No** |  | **If No – please list Codes to be withdrawn** |  |
|  |
| **Relevant Formal Refresher Training Courses Attended** |
| **Course Reference/Title:** | S185 or equivalent - Emergency First Aid (mandatory) | **Date** |  |
| **Course Reference/Title:** |  | **Date** |  |
| **Course Reference/Title:** |  | **Date** |  |

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| Line Manager |
| **Name** |  |
| **Job Title** |  |
| **Company / Address** |  |
| **Telephone** |  |
| **Email** |  |
| Please check that you wish your staff member to retain all their existing authorisation codes. List any codes to be withdrawn (i.e. there is no longer a business need for code(s) due to a change of duties, etc.). Any additional codes required will need to be applied for using an ‘Additional Authorisation Codes Request’ form |
| **Signature** |  | **Date** |  |

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| ENWL Sponsoring Manager |
| **Name** |  |
| **Job Title** |  |
| **Signature** |  | **Date** |  |