

## REGISTRATION FOR INTER-COMPANY TRAINING COURSE 2024

### TRAINING COURSE

Name of course :

Dates and place :

### COMPANY or APPLICANT

Business name:

Address :

Business Registration number:

Telephone / E-mail:

Company activities / Products:

Name and details of training coordinator:

Invoicing address:

### TRAINEES

Please complete one form per trainee for multiple registrations (See Annex)

**This document is required to validate registration**

### APPLICANT

Last name / First name / Job role:

Place:

Date:

Signature :

Company stamp

**Please send back completed form to ANFOPEIL at  
[accueil@anfopeil-enil.fr](mailto:accueil@anfopeil-enil.fr)**

**NB : The General Terms and Conditions of Sale and the Internal Regulations of ANFOPEIL are available on the website- [www.anfopeil-enil.fr](http://www.anfopeil-enil.fr)**

**NB : Convocation and Internal regulations will be sent by ENIL 2 weeks prior to the training course  
(Extract from the Internal regulations of ANFOPEIL: As public training institutions, ENIL schools apply the "charter of secularism in schools")**

**ANNEX :**

## **TRAINEE DETAILS**

One document per trainee for multiple registrations  
**This document is required to validate registration**

### **TRAINEE 1**

Mister  Miss

**LAST NAME / First name:**

**Email address (facultative):**

**Job role / Position / Department / Site:**

**Initial training:**

**Experience / training linked to this course:**

**Motivation for the course/ Expectations from the training :**

**The trainee is aware of prerequisites for achieving course objectives and meets these requirements:**

Yes

No  (If no, Please contact us to discuss applicant requirements)

**ANNEX :**

## **TRAINEE DETAILS**

One document per trainee for multiple registrations  
**This document is required to validate registration**

### **TRAINEE 2**

Mister  Miss

**LAST NAME / First name:**

**Email address (facultative):**

**Job role / Position / Department / Site:**

**Initial training:**

**Experience / training linked to this course:**

**Motivation for the course/ Expectations from the training :**

**The trainee is aware of prerequisites for achieving course objectives and meets these requirements:**

Yes

No  (If no, Please contact us to discuss applicant requirements)

**ANNEX :**

## **TRAINEE DETAILS**

One document per trainee for multiple registrations  
**This document is required to validate registration**

### **TRAINEE 3**

Mister  Miss

**LAST NAME / First name:**

**Email address (facultative):**

**Job role / Position / Department / Site:**

**Initial training:**

**Experience / training linked to this course:**

**Motivation for the course/ Expectations from the training :**

**The trainee is aware of prerequisites for achieving course objectives and meets these requirements:**

Yes

No  (If no, Please contact us to discuss applicant requirements)