

REGISTRATION FOR INTER-COMPANY TRAINING COURSE 2025

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**

NB : The General Terms and Conditions of Sale and the Internal Regulations of ANFOPEIL are available on the website- 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)