Betong-opplæringsrådet

Personal details form

Concrete repair - R

CRMID (Entered by BOR)

Course details:

Course provider:	Date:	Location:

Type of course (Select)

◯ R

Personal details:

Surname:	First name:
National identity number (11 digits):	Mobile:
Work e-mail:	Personal e-mail:
Home address:	Post code/town:
Employer:	
Work address:	Post code/town:
Invoice address:	Billing address for credit/debit card (if different from invoice address):
Invoice ref./project no.:	Other:

If you already have a competence certificate for concrete work

Card number:	Class(es):

Educational qualifications (Select all that apply. If you have no relevant qualifications, select "none".)

◯ University ◯ Engineering college ◯ Vocational college ◯ Trade certificate/ Vocational training certificate* ◯ None

Educational institution:	Name of course/trade certificate:	Year completed (YYYY)

Previous courses completed: (Select all that apply)

Type:	◯ U1	◯ U3	◯ R1*	◯ R2*
Year:				

**former courses, no longer given*

Competence class(es) being applied for (Select all that apply)

◯ RFB ◯ RPK2 ◯ RPK3

Information provided has been checked and approved:

Employer/supervisor (Sign electronically or manually)

Practical work experience: Enter details on next page

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Personal details:

Surname:	First name:

Practical work experience:

Which competence class(es) is/are granted depends on a combination of practical experience, courses and any educational qualifications. Provide details of all of your practical work experience within the relevant area.
See work experience requirements at betongopplæring.no

Project: name, type, building, location	Execution class 2 (Select all that apply)	Execution class 2 (Select all that apply)	Type of work/role	Duration From-to month/ year
	○	○		
	○	○		
	○	○		
	○	○		
	○	○		
	○	○		
	○	○		
	○	○		

Information provided has been checked and approved:

I confirm that the information given about my educational qualifications, practical experience and courses is correct:
(Any inaccurate information may result in sanctions against you and/or your company)

Date/Location: _____ **Employee** (Sign electronically or manually) _____

The information given above is correct and is hereby confirmed (signed by the employer/company)

Date/Location: _____ **Employer** (Sign electronically or manually) _____

Submit/send the form directly to the course provider, or send it to the Norwegian Council of Concrete Competence (BOR) after completing the course (bor@tekna.no)