

Training Request Form

Complete sections 1-6, sign section 7 and e-mail the saved PDF to sales@cerasus.ai.
Course codes and titles are listed in the Cerasus Training Catalogue.

CERASUS REFERENCE (OFFICE USE)

1 Requesting organisation

COMPANY / OPERATING SITE

PLANT / UNIT

COUNTRY

SITE ADDRESS

PO / REQUISITION REFERENCE (IF ANY)

2 Contact person

NAME

JOB TITLE

DEPARTMENT

COMPANY E-MAIL ONLY (NO GMAIL, YAHOO, PERSONAL)

PHONE / MOBILE

ALTERNATE CONTACT (NAME, E-MAIL)

3 Training requested

Tick all that apply · up to six courses per form

Category

A · Process Hazard Analysis

C · Pressure Relief & Overpressure Protection

E · Process Control & Alarm Management

G · Operator & Field Programmes

B · Consequence Analysis & Risk

D · Process Safety Management

F · Process Engineering & Design

H · Software Product Training

COURSES (CODE AND TITLE FROM THE CATALOGUE, E.G. TR-A01 HAZOP LEADER / FACILITATOR)

1.			2.		
3.			4.		
5.			6.		

CUSTOM CURRICULUM OR TOPICS NOT IN THE CATALOGUE (DESCRIBE)

4 Participants

NUMBER OF PARTICIPANTS

OF WHICH ENGINEERS

OF WHICH OPERATORS

OF WHICH MANAGERS

LANGUAGE (ENGLISH / OTHER)

PARTICIPANTS' BACKGROUND AND EXPERIENCE LEVEL (HELPS US PITCH THE COURSE)

5 Delivery preferences

Format

On-site at our plant

At Cerasus premises, Doha

Virtual instructor-led

Hybrid / to be discussed

PREFERRED DATES (1ST CHOICE)

PREFERRED DATES (2ND CHOICE)

WORKING HOURS / SHIFT PATTERN

TRAINING ROOM / EQUIPMENT ON SITE?

5 Delivery preferences (continued)

Include

Competency assessment	Certificates	Use our own P&IDs / data	Software licences for exercises
Pre-course survey	Post-course follow-up session	Materials in Arabic	Session recording (virtual)

WHAT SHOULD PARTICIPANTS BE ABLE TO DO AFTER THE TRAINING? (LEARNING OBJECTIVES, PLANT PROBLEMS TO ADDRESS)

SITE REQUIREMENTS: ACCESS, INDUCTION, PPE, SECURITY CLEARANCE, VISA SUPPORT, CONFIDENTIALITY

6 Commercial

INVOICING ENTITY (LEGAL NAME)

TAX / VAT REGISTRATION NO.

ACCOUNTS CONTACT AND E-MAIL

INVOICING ADDRESS

PAYMENT TERMS / VENDOR REGISTRATION NOTES

Quotation required for:

Fixed fee per course	Fee per participant	Annual training agreement	Training + software bundle
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7 Declaration and signature

I confirm that the information above is correct and that I am authorised to request this training on behalf of the organisation named in section 1. Cerasus will treat all information provided as confidential and use it only to prepare the training proposal.

NAME TITLE DATE (DD/MM/YYYY)

SIGNATURE (SIGN DIGITALLY, OR PRINT, SIGN AND SCAN)

COMPANY STAMP (OPTIONAL)

For Cerasus use only

Completed by Cerasus on receipt

RECEIVED ON

REFERENCE

QUOTATION NO.

ASSIGNED INSTRUCTOR

STATUS

How to submit

1. Fill in the form in Adobe Acrobat Reader, Edge or Chrome, then choose File > Save (or Print > Save as PDF) to keep your entries.
2. Sign in section 7 — digitally, or print, sign and scan the signed pages.
3. E-mail the PDF to sales@cerasus.ai with the subject line "Training request - <company> - <course codes>".
Send P&IDs or plant data only once an NDA is in place.