



The McMillan Theatre, College Way,  
Bath Road, Bridgewater,  
Somerset, TA6 4PZ  
23rd March 2026  
Start Time: 10.00am

Cost: £180 +VAT for Members  
£285+VAT Non-Members



**PROMOTING  
TECHNICAL  
EXCELLENCE**

22 Charing Cross  
Road, London,  
WC2H 0QL

[www.abtt.org.uk](http://www.abtt.org.uk)

## **ABTT Ropes, Knots and Splicing**



### **What is the Ropes, Knots and Splicing Course?**

This CPD course is one module of five which forms the ABTT Bronze Award Course. The ABTT CPD Courses can be taken alone or as part of the larger Bronze Award which is a SCQF Level 7 qualification which is recognised through the Industry.



### **What does the course cover?**

The Ropes, Knots and Splicing (Module 3): covers the handling of different ropes, tying knots proficiently and safely by practical demonstration – enabling differentiation between natural and man made fibre ropes, splicing rope ends. At the end of this training you will receive CPD completion certificate. If you wish to complete the additional 4 days of CPD Training you will then be in a position to receive the full ABTT Bronze Award.



### **How do I apply?**

To apply for the course, simply fill in the form below and return to the ABTT Office via email on [admin@abtt.org.uk](mailto:admin@abtt.org.uk)

Please be aware that your course place will not be secured until full payment or purchase order has been received.





**Course Costs:**

£285 + VAT for Non-Members

£180 + VAT for ABTT Members

**ABTT Ropes, Knots and Splicing**



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**CPD TRAINING REGISTRATION FORM Course Date:**

23rd March 2026, Somerset, TA6 4PZ

[www.abtt.org.uk](http://www.abtt.org.uk)

[admin@abtt.org.uk](mailto:admin@abtt.org.uk)

**Please complete the application below:**

**Name:** .....

**Membership No:** .....

**Address:** .....

.....

..... **Postcode:** .....

**Telephone Number:** .....

**Email:** .....

**Please indicate what relevant experience you have, if any:** .....

.....

**Please indicate if you require any assistance during the course e.g dyslexia/disability etc.:**

.....

.....

Please can you provide us with an emergency contact:

Emergency Contact Name and number:.....

**Please tick this box if you agree to your data being used in relation to your training application**

☐

**To be invoiced please fill in all the information below:**

**Name:** .....

**Purchase Order No:** .....

**Address:** .....

.....

**Accounts Email:** .....

**Postcode:** .....

**To pay by credit card please email [admin@abtt.org.uk](mailto:admin@abtt.org.uk) and we we happily assist. Please complete**

**and return with your remittance to [admin@abtt.org.uk](mailto:admin@abtt.org.uk)**

