NSI 30 Training & Assessment Booking Form (A)

Full details of pre-requisites and booking conditions are available through the EUSR website www.eusr.co.uk

I have read and am fully aware of the pre-requisites and booking conditions.



(Classroom based)								
Preferred Training Date	Alternative Training Date							
*Preferred Training Venue (NSI2 & Authorised Person only)								
* For NSI2, AP basic the venue must be Eakring								
Delegate Names:							Competent Person	Authorised Person
Surname	First Name	DOB	EUSR No.	Re-sit	No. of modules to re-sit	Renewal	NSI 2	Basic Training
Payment for training is required in advance of course dates. A VAT invoice will be issued following training completion. Method of Payment – PLEASE INDICATE				Company Name: Company Address including Postcode:				
BACS CHEQUE				Company Address including Posicode.				
CREDIT/DEBIT CARD Purchase Order Number				Company Invoice Address: (If different from company address) This must not be a third party address				
INTERNAL RECHARGE WBS Code to be Charged				Contact: E-mail Address:				
The signatory / email sender of this information is declaring that the delegates being put forward for training have met the necessary					one No:			