

NSI 30 Training & Assessment Booking Form (D)

(E-Learning)

Preferred Training Date		Alternative Training Date	
Preferred Training Venue			

Dates / Venue information available at <http://www.eusr.co.uk/>

Delegate Names				Substations
Surname	First Name	DOB	EUSR No	IV Awareness
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Payment for training is required in advance of course dates. A VAT invoice will be issued following training completion.

Method of Payment – **PLEASE INDICATE ONLY (Card details not required)**

BACS		Company Name	
CHEQUE		Company Address including Postcode	
CREDIT / DEBIT CARD		Company invoice address (if different from company address) This must not be a third party.	
Purchase Order Number		Contact	
		Email Address	
INTERNAL RECHARGE	WBS Code to be charged	Contact Telephone No	
		Fax No	

The signatory / email sender of this information is declaring that the delegates being put forward for training have met the necessary pre-requisites.

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.

Signed		Date	
--------	--	------	--