

NSI 30 Training & Assessment Booking Form (B) (E-Learning)

Preferred Training Date	Alternative Training Date
Preferred Training Venue	

Dates/Venue information available at www.eusr.co.uk

Delegate Names:							Substation			
Surname	First Name	DOB	EUSR No.	Re-sit	No. of modules to re-sit	Renewal	Competent Person - Substations	NSI 8 Full	Competent Person - Safety Documents ROMP	Authorised Person - Refresher 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

<input type="checkbox"/> BACS	<input type="checkbox"/>
<input type="checkbox"/> CHEQUE	<input type="checkbox"/>
<input type="checkbox"/> CREDIT/DEBIT CARD	<input type="checkbox"/>
Purchase Order Number	

Company Name:	
Company Address including Postcode:	
Company Invoice Address: (If different from company address) This must not be a third party address	
Contact:	
E-mail Address:	
Contact Telephone No:	

<input type="checkbox"/> INTERNAL RECHARGE	WBS Code to be Charged	
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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:

