

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

Preferred Training Date	Alternative Training Date
Preferred Training Venue	

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

Delegate Names:							Overhead Lines			
Surname	First Name	DOB	EUSR No.	Re-sit	No. of modules to re-sit	Renewal	Competent Person OHL CPA NSI 4 Section 1	Competent Person OHL CPB NSI 4 Section 1 Awareness of TGN 313 Section 8	Competent Person OHL CPC NSI 4 Section 1 Awareness of TGN 313 Sections 1, 2A, 3, 4, 5.	Competent Person OHL CPD NSI 4 Section 1 & 2 Awareness of TGN 313 Sections 1, 2A, 2B, 3, 4, 5, 7, 8

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

BACS	<input type="checkbox"/>
CHEQUE	<input type="checkbox"/>
CREDIT/DEBIT CARD	<input type="checkbox"/>
Purchase Order Number	<input style="width: 100%;" type="text"/>

INTERNAL RECHARGE	WBS Code to be Charged	<input style="width: 100%;" type="text"/>
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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:

Company Name:	<input style="width: 100%;" type="text"/>
Company Address including Postcode:	<input style="width: 100%;" type="text"/>
Company Invoice Address: (If different from company address) This must not be a third party address	<input style="width: 100%;" type="text"/>
Contact:	<input style="width: 100%;" type="text"/>
E-mail Address:	<input style="width: 100%;" type="text"/>
Contact Telephone No:	<input style="width: 100%;" type="text"/>

