



# Level 2 Certificate in DSE Risk Assessment Assessment Payment Form for Companies

## Section A – Company's details *(please complete all fields)*

Company Name																									
Contact Name																									
Daytime Telephone																			Ext						
E-Mail Address																									
Company Address																									
																			Postcode						

## Section B – Assessment fees

Enter total number of candidates  x £34.50 (£30+VAT) Enter total fees £

Candidate Assessment Booking Forms should accompany this payment form.

## Section C - Payment method

<input type="checkbox"/>	<b>Cheque</b> made payable to British Safety Council.
<input type="checkbox"/>	<p><b>Credit/debit card:</b> Please debit my/our account with the total cost of the goods and services ordered on this form. <i>Please complete according to the information in your credit/debit card</i></p> <p>Type of card: Please tick: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DELTA <input type="checkbox"/> MAESTRO <input type="checkbox"/> AMEX <input type="checkbox"/></p> <p>Valid from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Issue number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CV2 Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>3/4 digit code on reverse of card</small></p> <p>Card number <input type="text"/></p> <p>Cardholder's name and address if different from Section A</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Post Code <input type="text"/></p> <p>Cardholder's signature <input type="text"/> Date <input type="text"/></p>

## Section D – Terms and Conditions

### Payment terms

Payment must accompany this assessment booking form

### Data Protection

Your personal information will only be used for the purposes of British Safety Council Examinations' assessment procedures. It will be stored securely and in accordance with the Data Protection Act 1998. We may contact you from time to time to notify you of any information relating to your qualifications or changes that may affect you or be of benefit to you. If you do **NOT** wish to hear from us please tick this box.

I accept the Terms and Conditions.

On behalf of the company

Date

Please fax the completed form to 020 8741 5907 or send with payment to:

The Examinations Department, British Safety Council, 70 Chancellors Road, London W6 9RS

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