

**Section A – Candidate’s Personal details** *(please complete all fields)*

Title Dr/Mr/Mrs/Miss/Ms/Other (specify)       Date of birth

*Name as you would like it to appear on your certificate*

Forename(s)

Surname

Daytime Telephone                      Ext

E-Mail Address

*Your assessment task will be e-mailed to this e-mail address*

Home Address

Postcode

*Please notify the British Safety Council Examinations Department of any change of contact details*

Course Provider (company name)

**Section B - Total payable and payment method**

- Option 1 Assessment Fee only** £30 + VAT  
 **Option 2 Additional Study Notes** £10

For private candidates who would not have received study notes from a course provider

**Cheque** made payable to British Safety Council.

**Credit/debit card:** Please debit my/our account with the total cost of the goods and services ordered on this form.

Type of card: Please tick: VISA  MASTERCARD  DELTA  MAESTRO  AMEX

Valid from     Expiry date     Issue no     CV2 Code     3/4 digit security code on reverse of card

Card number

Cardholder’s name and address if different from Section A

Post Code

Cardholder’s signature  Date

**Section C – 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 information about our qualifications that may be of benefit to you and your organisation. If you do **NOT** wish receive this information please tick this box.

British Safety Council Examinations reserves the right to publish assessment results to course providers unless instructed otherwise. If you do **NOT** wish your result to be passed on to your course provider please tick this box.

**I accept the Terms and Conditions. I understand that if these Terms and Conditions are not met, BSC Examinations has the right to withhold my result.**

Candidate’s signature  Date

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

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

Looking for further information about qualifications? Visit our website at [www.britsafe.org](http://www.britsafe.org)