



Level 2 Certificate in Manual Handling 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"/>	Cheque made payable to British Safety Council.
<input type="checkbox"/>	Credit/debit card: 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> 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"/> Valid from <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Expiry date <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Issue number <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> CV2 Code <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <small>3/4 digit code on reverse of card</small> Card number <input style="width: 100%; height: 20px;" type="text"/> Cardholder's name and address if different from Section A <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Post Code <input style="width: 50px;" type="text"/> Cardholder's signature <input style="width: 250px;" type="text"/> Date <input style="width: 100px;" type="text"/>

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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