BRITISH SAFETY COUNCIL

Level 2 Certificate in Supervising Staff Safely Assessment Booking Form for Candidates

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 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 Study Notes** **£10**

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

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

☐ **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 8600 5540 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**

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