Assessment Booking Form

Level 6 Diploma in Occupational Safety and Health



Imp	ortant	please	read:	Instructions	on h	low to	comp	lete	this	form	
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To secure your booking, save this form to your computer using the 'save as' function. Complete each of the fields below by typing in the spaces provided. Once you have completed your form, save again and return by email to submissions@britsafe.org.

Section A							
Candidate's details Please	complete all fiel	lds					
Title:			Addr	ess:			
Date of birth:							
Name as you would like it to appear	on your certific	cate					
Name:			Coun	try:			
Telephone:							
Email:							
Section B							
Assessment booking Plea	ase tick						
Registration Fee of £50	0 including	VAT navah	le once onl	, and not re	efundable		
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Examinations	0040 5			0000 5			
		mination da k the required			amination da k the required		Fees
	25 Jan	31 May	25 Oct	31 Jan	29 May	30 Oct	£75.00 (£90 incl. VAT)
Unit 1 Examination (Principles of Health and Safety Management)							
Unit 2 Examination (Safeguarding People's Health in the Workplace)							
Examination venue Please	tick						
London: British Safety	Council, 7	0 Chancello	or's Road, H	ammersmi	th, London \	N6 9RS	
Manchester: To be co	nfirmed in	each instan	ce. Venues	are typical	ly located in	the city ce	entre.
Please note: All bookings are minimum of four weeks befor			d completed	forms must b	e received wi	th the releva	ant payment a
Assignments							
Unit 2 Examination (Sa	afeguarding	g People's H	lealth in the	e Workplace	e): £90.00 in	cl. VAT	
Unit 3 Assignment (Pro	omoting a l	Positive Hea	alth and Sa	ety Culture	in the Work	kplace): £9	0.00 incl. VAT

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Pav	ment o	details	(Please select	navment	ontion

Note: Where applicable, Value Added Tax (VAT) at the local rate of the delivery location will be applied to the total price. Our SWIFT/BIC code is BARCGB22 and our IBAN code is GB93BARC20359050809926

and our IBAN code is GB	93BARC20359	1050809926.		
Payments by BACS	Total sent £		Purchase order no.	
,		09926; Sort Code: 20 – 35 – 90 e.org / Fax: +44 (0)844 583 4731	Billing address if different from orga	nisation address:
Bank Details Barclays E 75 King Street, Hammers		v6 9HY		
Company Details British Company No: 4618713. C	•	cil 271. VAT Number: 810 266 267		
Payment by credit / d	ebit card			
Card type:			Please debit my card: (in £)	
Name on card:			Start date:	Expiry date:
Card number:			Issue number: (Switch only)	Security code:
Billing address of card ho	older: (as it appe		that payment will be taken in full at the time of boo made within 30 days of the event must be made by are informed in writing at least five working days pr	o the event date. If paying by credit card, please note king with the credit card details provided. Bookings credit card. Substitute delegates are welcome if we
Terms and condi	tions			
Payment terms Payment must accompan	y this assessme	nt booking form.		
Examination Administra		in accordance with the examination	on rules (available within the Approved (Centre Handbook).
accordance with the Data	Protection Act		Safety Council's assessment procedures. me to time to notify you of information a prmation please tick this box.	•

I accept the Terms and Conditions. I understand that if these Terms and Conditions are not met, the British Safety Council has the right to withhold results.

Signature: Date:

Completed forms must be returned to:

Completed forms must be returned to submissions@britsafe.org

Looking for further information about qualifications? Visit our website at www.britsafe.org

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