



BASIS Registration Ltd
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ENROLMENT FORM

TITLE OF COURSE NSK online module Pesticide Segregation and Spill Management

PERSONAL DETAILS

Surname/Family name:					Forename:									
Title: Mr Mrs Miss Ms Other <i>(please tick):</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					Date of birth:(dd/mm/yyyy)					Gender: Male Female Other <i>(please tick):</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Home address:														
County (or country if not UK):														
Postcode:					Telephone:									
Mobile Telephone:														
Email address:														
BASIS membership number (200...):														
NSK qualification number:														

Do you have a disability which could cause you difficulty during your course? (Please tick):	
<input type="checkbox"/> No disability (A)	<input type="checkbox"/> Mental health condition e.g. depression, anxiety disorder (F)
<input type="checkbox"/> Social/communication impairment e.g. Asperger's, autism (B)	<input type="checkbox"/> Specific learning difficulty e.g. dyslexia (G)
<input type="checkbox"/> Blind or serious visual impairment uncorrected by glasses (C)	<input type="checkbox"/> Physical impairment / mobility issues (H)
<input type="checkbox"/> Deaf / hearing impairment (D)	<input type="checkbox"/> Disability, impairment or medical condition not listed above (I)
<input type="checkbox"/> Long standing illness or health condition e.g. diabetes, epilepsy (E)	<input type="checkbox"/> Two or more impairments / disabling medical conditions (J)

CONTRIBUTION TO COURSE COSTS AND EMPLOYER DETAILS

Invoice: <i>(please tick)</i>	<input type="checkbox"/> Employer	<input type="checkbox"/> The candidate
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EMPLOYER DETAILS

Name of Company:	
Work address:	
County (or country if not UK):	
Postcode:	Telephone:
Email address:	
Website:	