

Amenity Training Register CPD Event

Application for recognition of an event for the Amenity Training Continuing Professional Development (CPD) & allocation of CPD points

Name of Event Organiser					
Address of Event Organiser					
Contact Name					
Telephone No				Fax No	
Email					
TITLE OF EVENT, COURSE, CONFERENCE					
IS THIS AN OPEN EVENT WHICH WE CAN PUBLISH ON WEBSITE				YES	NO
DATE OF THE EVENT: if one date only					
Various Dates Starting:		/ /	& Ending		/ /
VENUE:					
Brief Summary of Event, Content of Course (whatever you enter here will be published to the website(s) if requested*)					
PLEASE PROVIDE A COPY OF THE SYLLABUS, PROGRAMME OR OTHER RELEVANT INFORMATION					
DETAILS OF TRAINER(S)/SPEAKER(S)					
NAME		HOME POSTCODE	EMPLOYER	EMPLOYER POSTCODE	
e.g.	David John Smith	DE6 2EN	BASIS	DE6 1GH	
LENGTH OF EVENT:	Start time	Finish time		No of hours	
NUMBER EXPECTED TO ATTEND PLEASE INDICATE (Yes or ✓)	1 - 15	16 - 30		31 - 40	40+
This event will be primarily concerned with:					
Technology			Please indicate with Yes or X		% Percentage involvement
Crop Protection					
Environment					
Application Practice					
Plant Nutrition					
Personal Development					
Integrated Approaches					
Health & Safety					

OFFICE USE ONLY	Event Reference No	Points Breakdown							CPD points total
		CP	E	AP	PN	PD	IA	HS	
Approved by:		Date:							
Type of Event (if unsure please refer to the Guidelines)									
Activity	PLEASE INDICATE (Yes or X)							Max points allocated per day	
Participative Event – Active Discussion/ Syndicate Work								12	
In-House Training - Participative								12	
In-House Training – Conference Style								6	
Technical Updates & Seminars								6	
Open Technical Conferences/ Symposia								6	
Open Technical Events								4	
An organisation providing technical notes/ journals/ magazines								2 per subscription	
On-line – Distance Learning								4	
Personal Development								2	
Membership of an organisation providing technical updates and a website								8	
Registered use of a relevant website								4	
Health & Safety								6	
Meeting with Agronomist/Pesticide Adviser								2	
NSTS Test Attendance								3	
HOW WILL THIS EVENT BE EVALUATED? PLEASE INDICATE (Yes or ✓)									
Examination		Discussion		Questionnaire			None		
Other (please give details):									

**NB – Signed attendance lists will be required for each training event other than conferences & open technical events.
BASIS and Dairy Pro reserve the right to be represented at any training event for auditing purposes**



Please return completed forms to: Michele Williams,
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39 Windmill Lane, ASHBOURNE, Derbyshire, DE6 1EY
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