

NDSS TRAINING LIMITED



Application Form for “Level 1 Developing an Awareness of Substance Misuse”

Please complete in block capitals, and return to:

NDSS Training Limited, The Coal Exchange, Mount Stuart Square, Cardiff bay, CF10 5EB

Student ID (Office Use Only)

IMPORTANT: Please ensure you write your name as it appears on your identification. This is also how your name will appear on any certification you may receive from us. NDSS Training Limited will not be held liable for any incorrect spellings made on this application.

Surname: Forenames in full:

Previous/Maiden Name: Date of Birth: Gender:

Permanent Home Address:

 Postcode:.....
 Tel:.....
 Mobile:.....
 Email:.....

Correspondence Address (if different):

 Postcode:.....
 Tel:.....
 Mobile:.....
 Email:.....

Please Note: If you are a non UK resident you may need to apply for a Visa to attend any UK based training course. NDSS Training is unable to provide this. We can however provide a letter confirming course details, if required.

Nationality: Place of Birth: UK National: Yes / No

English Proficiency:
 It is a Security Industry Authority (SIA) requirement that all persons attending an SIA approved training course, and application of a subsequent License, must have a good understanding of spoken and written English. You will be required to complete a multiple choice exam at the end of this course. If you are unsure of your proficiency level, please contact us on 029 2046 1121 prior to returning this application form.

Preferred Course Date: 2nd Choice Course Date:

Method of Payment:
 Pre-payment is required for all NDSS Training courses. Your full payment should be returned with this booking form. All cheques or postal orders should be made payable to: NDSS Training Limited. Please do not send a cash payment. Payment can be made by bank transfer direct to our bank account: Our banking details:
 Bank: Barclays Sort Code:20 18 27 Account Number:63540863
 I enclose a cheque/postal order to the sum of £..... I have paid by direct transfer the sum of £..... (Please complete applicable payment method)

Student Support:
 To assist you during the course, please circle any of the following that apply. Space is provided to provide further details of ways we can assist you: DYSLEXIA – HEARING IMPAIRMENT – VISUAL IMPAIRMENT – MOBILITY DIFFICULTY

Rehabilitation of Offenders Act 1974:
 Please provide details of any charges, cautions or convictions made against you. If none apply, please state NONE.

Declaration:
 I confirm that the information provided is accurate, and that by signing this application I agree to the Terms & Conditions of NDSS Training Limited.
 Print Name: Signed: Date: