

NCSN TRAINING REGISTRATION FORM

APPLICANT INFORMATION

Name:		
Membership No:	Role:	Phone:
Address:		
Town:	County:	Post Code:

INVOICE REQUIREMENTS

Named contact:		
Invoice address:		
		E-mail:
Purchase Order if req:	Invoice No (office use):	Total (office use):

EMERGENCY CONTACT

Name of a contact:		
Relationship:	Tel:	Tel:

TRAINING REQUIRED

Multi-agency group training at own premises	Introduction to CS (1 day)	Foundation to CS (2 day)
Date required:	Date:	Date:

REGISTRATION OF NEW MEMBERSHIP @ £50 YES NO

Name	e-mail	Tel:

PERSONAL DEVELOPMENT/STUDIES

Please indicate if you would be interested in further studies for your own personal development and indicate below any preferences:

Training (<i>please indicate</i>):	Tool kits:
Other:	Seminars/masterclass:

SIGNATURES

I authorise the applicant on this form to receive NCSN discount through my own individual membership.

I wish to register the applicant as an NCSN individual member at the reduced rate of £50 and to receive the benefits enclosed.

Yes

No

Signature of applicant:	
Name of NCSN member to authorise discount:	
Signature of NCSN member to authorise discount:	
<i>Office use only : Sign off</i>	<i>Membership: Yes No¹</i>
	<i>Date:</i>

¹ National Community Safety Network Ltd, S8a Enterprise Centre, Hoole Road, Chester, CH2 3NE, Tel: 01244-322314, Fax: 01244-322315, enquiries@community-safety.net