

I H S APPLICATION FORM	
NAME & ADDRESS OF APPLICANT	
FULL NAME:	SPONSORING ORGANISATION
POSITION:	CONTACT NAME:
ADDRESS:	POSITION:
	COMPANY:
	ADDRESS
POSTCODE:	POSTCODE:
DAYTIME PHONE NO:	PHONE NO:
MOBILE NO:	FAX NO:
E-MAIL:	VAT REG NO:
NATIONALITY:	
INFORMATION REQUIRED FOR EXAM ENTRY	
MEMBERSHIP NO:	NAME TO APPEAR ON CERTIFICATE (BLOCK LETTERS)
GENDER PLEASE TICK: MALE FEMALE	
DATE OF BIRTH: D D M M 19 Y	
COURSE	DATE

TERMS AND CONDITIONS

CONFIRMATION OF SERVICES	CANCELLATIONS	Particular conditions for NEBOSH COURSES
Provisional bookings must be confirmed in writing (by returning this form) to the below address or fax. FEES Include books and exams. Fees are payable in advance, before the start of the course. All IHS fees are subject to VAT.	IHS reserves the right to cancel or alter dates or venue or change of lecturers. If a booking is cancelled by client cancellation will be accepted in writing (post, fax or email). Notice of cancellation will be taken as the date of receipt of such mail, fax or letter. Bookings can be transferred from one delegate to another. The following cancellation fees will be payable: 0-5 days 100% charge 6 – 15 days 50% charge Cancellation prior to 15 days full refund	€200.00 are due on booking. This fee is non-refundable. The balance is due prior to the start of the course. Booking can not be transferred from one delegate to another.

By completing and signing this booking form you are agreeing to the terms and conditions stated above.

_____ Signature:	_____ Date:
_____ Name:	_____ Position:

How did you find about us? _____

Thank you for choosing Institute of Health & Safety
 Please return your completed application form to:
 Institute of Health & Safety, 99 Triq il-Mithna, Hal-Qormi QRM 3100 – MALTA
 Phone: +356 21 311 966 – Fax: +356 21 311 968 – E-mail: info@ihs.com.mt