

Application for Enrolment Short Courses



Please complete in **black ink** and **CAPITAL** letters

Personal Details		
Title:	Forename:	Surname:
Sex: M/F	Date of Birth:	Nationality:
Country of Permanent Residence:		

Education/Experience	
Company/Employer:	Your Position:
How many years industry experience?	Please attach a copy of your CV

Course selection & fees (please tick the course you wish to study)			
Course:	£150	£250	£950
Cargo Surveying			
Conducting and Inclining Test			
Introduction the the ISM Code			
Introduction to the Inventory of Hazardous Materials (IHM) on Ships			
Introduction to Port State Inspections			
Introduction to Ship Surveying			
Introduction to the Superyacht Industry			
Marine Incident Investigation			
Maritime Emergency Preparation and Response			
Sails and Rigs			
Superyacht Deckhand			
Surveying Yacht and Small Craft Engines			
Surveying Yacht and Small Craft Systems			
Optional fees:			
Printed modules option (in addition to PDF's already included within the course fee) priced at £300.00	Courier service priced at £200.00		
Printed certificate priced at £40.00			
VAT (to be charged at standard UK rate of 20% where applicable) =			
TOTAL	£		

How did you hear about the course (please state)			
1. Publication		4. Word of mouth	
2. Event		5. Institute	
3. Website link		6. Other	

Correspondence Address:	
	Post Code:
Tel No:	Fax No:
Email:	Mobile:
Billing Address (if different from correspondence address):	
	Post Code:
VAT number (If applicable):	
Tel No:	Fax No:
Email:	Mobile:

Payment (I am paying in full by)			
	I enclose a cheque for:	£	Made payable to MPI Group (Cheques must be in pounds sterling and drawn on a British bank)
	I am making a payment directly to the MPI Group bank account at:	MPI Group, National Westminster Bank Plc, 19 Shaftesbury Avenue, London, W1A 4QQ, UK Account No: 06532381 Sort Code: 56-00-29 Swift Code: NWBK GB2L IBAN: GB35 NWBK 5600 2906 5323 81	
	Credit/Debit Card (tick one)	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
	Card Number:	Expiry Date:	Valid Date:
	Name of Card Holder:	3 Digit Security code:	
	Billing Address of Card Holder (If different to application)		

Declaration	
I confirm that the statements made by me on this form are correct. I agree to abide by the course terms and conditions:	
Signed:	Dated:
Data Protection: <i>We would like to keep you informed of MPI Group's products and services and may also from time to time make your details available to carefully screened companies who may be of interest to you. However, if you specifically do not wish your details to be used, please tick here</i>	