

# EnCaT

Environmental Consultancy and Training

## Course Registration Form

This form should be completed by each delegate. It should be returned to Sheila Baird at the address below with the registration fee at least 10 working days before the date of the course to guarantee your place.

Course Title:		
Delegate's Name:		Under the terms of the Data Protection Act 1998 and GDPR please be aware that these personal details will be given to exam awarding bodies for certification purposes and will be retained for the duration of the qualification.
Date of Birth		
Telephone Number (work and mobile)		
Business: Name		
Business Address:		
Email Address:		
Course Date:		
Details of Special Needs for Exam		
Fee Enclosed:		Elementary Food Hygiene Course £80 PP OR by e-learning £70 PP Intermediate Food Hygiene Course by e-learning £350 PP min dependant on exam location Scottish Certificate for Personal Licence Holders Course £150 PP or £120 by e-learning Refresher Course for Personal Licence Holders £90 PP or £80 by e-learning Workbook for Staff in Licensed Premises £8 PP  Cheques should be made payable to <b>EnCaT</b> . BACS Payments: Account Name: EnCaT, Sort Code: 83-23-07 Account Number: 00152811 Mobile Payments: PayM 07786063944 Card Payments can be made by going to <a href="http://www.encaat.com">www.encaat.com</a> where you can book and pay online although please also scan and return this completed form.
Payment Reference:		
Job Description:		
Reason for Attending Course:		
For some courses the examining body set a minimum number of delegates and in such cases EnCaT may require to cancel the course in which case alternative dates will be offered or a full refund given.		
I accept the booking conditions as prescribed above.		

Signature: ..... Date .....

In reference to the 1998 Data Protection Act and GDPR Sheila Baird is the data controller and processes data for the purpose for which it is held. Your personal information will be shared with examining and awarding bodies for the purpose of administering exam procedures and verifying ID.

**IMPORTANT!** Please tick this box to confirm that you consent to EnCaT using and sharing your personal information as specified above.