



BASIS (Registration) Ltd
St Monica's House Business Centre, (37 – 39) Windmill Lane,
ASHBOURNE, Derbyshire, DE6 1EY
Tel: 01335 343945/340856 email: www.basis-reg.com
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For Office Use Only	
Account No:	200 _____
Confirmation sent:	YES / NO
Course allocated :	YES / NO
Comp Reg:	YES / NO
Result:	PASS / FAIL

NSK, NSK Refresher & Dangerous Goods Awareness CANDIDATE REGISTRATION FORM

Please complete **ALL** parts of the form. We will be unable to process your examination results if the information is not provided. ***Compulsory fields for completion.**

1. Personal details									
*Title (Tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other _____	Gender (Tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
*Surname:					*Forename(s):				
*Date of Birth: / /					Surname on 16 th Birthday:				
*Home Address (not your work address):									
*County (or country if not UK)							*Postcode:		
Home Telephone:					Personal Mobile no:				
Personal e-mail Address:									

2. Occupation Details	
Are you a: FARMER / FARM MANAGER (Please circle as necessary) OR	
Adviser / Agronomist / Consultant / Technical Manager / Distributor Agronomist / Sprayer Op	
Other (Please Specify):	
Brief details and length of any trade experience to date and specialisms, if any:	
Company Size (no. of employees) (please tick one box)	1 – 249 <input type="checkbox"/> 249 or more <input type="checkbox"/>
Do you already have a BASIS or NSK Qualification: YES / NO QUAL NO:	

3. Other Details							
*What is your Nationality: (The country you were born in or originate from)							
*What is your country of Domicile? (The country you are a resident of) (Tick)							
England	ENG <input type="checkbox"/>	Scotland	SCO <input type="checkbox"/>	Wales	WAL <input type="checkbox"/>	N Ireland	NI <input type="checkbox"/>
Isle of Man	IM <input type="checkbox"/>	Jersey	JE <input type="checkbox"/>	Guernsey (including Alderney, Sark)			GG <input type="checkbox"/>
If other please specify:							

Disabilities: Do you have a disability which could cause you difficulty during your course? (Tick)								
No Disability	<input type="checkbox"/>	00	Wheelchair User/ Mobility Difficulties	<input type="checkbox"/>	04	Multiple Disabilities	<input type="checkbox"/>	08
Learning Difficulty eg Dyslexia	<input type="checkbox"/>	01	Personal Care Support	<input type="checkbox"/>	05	A Disability Not Listed Above	<input type="checkbox"/>	09
Blind/Partially Sighted	<input type="checkbox"/>	02	Mental Health Difficulties	<input type="checkbox"/>	06	Autistic Spectrum Disorder	<input type="checkbox"/>	10
Deaf/Hearing Impairment	<input type="checkbox"/>	03	Unseen Disability e.g. Diabetes, Epilepsy, Asthma	<input type="checkbox"/>	07	Information Refused	<input type="checkbox"/>	97

Ethnic Origin (Tick)								
White	<input type="checkbox"/>	11	Pakistani	<input type="checkbox"/>	32	Mixed – White and Black African	<input type="checkbox"/>	42
Black Caribbean	<input type="checkbox"/>	21	Bangladeshi	<input type="checkbox"/>	33	Mixed – White and Asian	<input type="checkbox"/>	43
Black African	<input type="checkbox"/>	22	Chinese	<input type="checkbox"/>	34	Other Mixed Background	<input type="checkbox"/>	49
Other Black Background	<input type="checkbox"/>	29	Other Asian Background	<input type="checkbox"/>	39	Other	<input type="checkbox"/>	80
Indian	<input type="checkbox"/>	31	Mixed – White and Black Caribbean	<input type="checkbox"/>	41	Information Refused	<input type="checkbox"/>	98

What is your Highest Qualification on entry to this course: (Tick)								
UK First Degree	<input type="checkbox"/>	11	HNC or HND	<input type="checkbox"/>	23	Scottish Highers and A Levels	<input type="checkbox"/>	34
EU Graduate	<input type="checkbox"/>	12	GNVQ/GSVG Level 4	<input type="checkbox"/>	26	A and AS Levels	<input type="checkbox"/>	35
Overseas Graduate	<input type="checkbox"/>	13	A Levels (with no AS levels)	<input type="checkbox"/>	31	AS Levels only	<input type="checkbox"/>	36
Certificate/Diploma of Education	<input type="checkbox"/>	23	Scottish Highers	<input type="checkbox"/>	32	GNVQ/GSVQ Level 3	<input type="checkbox"/>	37
Other (please specify)						None of the above	<input type="checkbox"/>	98

Have you previously studied in Higher Education in the UK (for a minimum of 6 months full time)? (Tick)		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>

4. Funding and Enrolment Agreement

*Type of training (e.g. NSK, NSK Refresher, Dangerous Goods Awareness):

Date of training:

Preferred location:

***This course has been paid for by:**

- Self
- Employer
- External Funding Organisation (this relates only to recognised funding bodies, eg EEDA, SEDA etc.)

If you have received funding from an external funding organisation please state the amount received

*Amount received £ _____

***External funding organisation: (eg EEDA, SEDA etc, NOT your company)**

Name:

Address:

Postcode:

I confirm that the details entered on this form are true and accurate in all respects and I agree to comply at all times with BASIS.

You must note that the surname and forename(s) taken from this enrolment form and agreed by you as correct, will be those used on your final award certificate.

I understand that the data I provide on this enrolment form will be held and processed in accordance with the Data Protection Act 1998 and that the information will be shared with external agencies, including the Higher Education Statistics Agency (HESA).

By signing below I accept the terms and conditions set out above

*Candidates Signature

*Date

5. Employer Details	
*Name of Company:	
*Work Address:	
*County (or country if not UK):	*Postcode:
Work Telephone Number:	Work Mobile:
Work Fax Number:	
Work e-mail Address:	
Company Contact (Your Manager / Nominated Director):	

PLEASE COMPLETE THIS APPLICATION FORM, ENSURING ALL * COMPULSORY FIELDS ARE COMPLETED AND RETURN TO:

Amanda Capsey
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