

Diploma in Coatings for Corrosion Control

Application form

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

PERSONAL DETAILS

Surname		Forename		Title
Sex	Nationality		Country of Residence	

CONTACT DETAILS

Address	
Postcode	Country
Phone No	Fax No
Email	Mobile
Present Company/Employer	
Your Position	
Company address (if different from above)	
Work Phone No	Work Email
Company website	

TUTOR MARKED ASSIGNMENTS

✓	Basic Corrosion	✓	Basic Paint Chemistry
Please select 3 of the 12 specialist subjects below			
	1. Coating Inspection and Inspection Equipment		5. Metallic Coatings
	2. Cathodic Protection		6. Design and Construction
	3. Marine Coatings		7. Concrete
	4. Coating Failure		8. Fire Protection
			9. Specialist Coatings
			10. ISO and Other standards
			11. Paint Technology and Testing
			12. Paint Manufacture

EXAMINATION

Please select one of the 3 examination subjects below		
Industrial	Marine	Offshore

EDUCATION/EXPERIENCE Please attach a copy of your CV, appropriate certificates and photo identification

FEES Please select your course (tick)

Diploma course fee £2,300.00

Certificate Course fee £1,550.00

*UK VAT will be added at standard rate where applicable

INVOICE

Please send my company an invoice

VAT number required for EU countries

Tick here **PAYMENT** Choose one of the following payment options

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

Payment must be received prior to the preferred start date

Please state preferred start date

I confirm that the statements made by me on this form are correct and that I will be bound by the terms & conditions as stated

Signed _____ Date: _____

The fully completed application form and payment should be returned to MPI Group at the address below, by email or fax.

Data Protection: 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: