

**Office use ONLY**

Affiliate code:

Date of Application

# Coating Supervisor's Course

## Application form

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

CONTACT DETAILS (2 passport sized photographs required)				
Surname		Forename		Title
Sex: M / F	Nationality		Country of Residence	
Address				
Postcode		Country		
Phone No		Fax No		
Email		Mobile		
Present Company/Employer		Your Position		
Work Phone No		Work Email		

COURSE DATE	COURSE LOCATION

APPLY Fees due with application	
<input type="checkbox"/> Coating Supervisor's Course	£695.00
<b>Total Fees £</b>	
(where applicable) + 20% VAT £	
<b>TOTAL £</b>	

HOW DID YOU HEAR ABOUT THE COURSE?	
1. Publication (please state)	4. Word of mouth
2. Event (please state)	5. Other
3. Website link (please state)	6. Institute (ICorr, BCF, SSPC or Other)

## Application form CONTINUED

INVOICE			
Please send me an invoice <input type="checkbox"/>		Please send my company an invoice <input type="checkbox"/>	
Purchase order number			
VAT number required for EU countries			
Billing Address (if different to contact details)			
Tick here <b>PAYMENT</b> CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS			
<input type="checkbox"/>	<b>I enclose a cheque for:</b>	£	Made payable to <b>MPI Group</b> (Cheques must be in pounds sterling and drawn on a British bank)
<input type="checkbox"/>	<b>UK Bank Transfer</b>	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 <b>Account No:</b> 06532381 <b>Sort Code:</b> 56-00-29	
<input type="checkbox"/>	<b>EU/Non EU Bank Transfer</b>	I am making a payment directly to the MPI Group bank account at: <b>IBAN:</b> GB35 NWBK 5600 2906 5323 81 <b>Swift Code:</b> NWBK GB2L <b>Account No:</b> 06532381 <b>Sort Code:</b> 56-00-29 <b>Account Name:</b> MPI Group <b>Bank Name:</b> National Westminster Bank Plc <b>Bank Address:</b> 19 Shaftesbury Avenue, London, W1A 4QQ, UK	
<input type="checkbox"/>	<b>Credit Card</b>	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)			
<b>Payment must be received prior to the preferred start date</b>		<b>Please state preferred start date</b>	
I confirm that the statements made by me on this form are correct and that I will be bound by the Corrodere terms & conditions.			
<b>Signed</b>			<b>Dated</b>
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: <input type="checkbox"/>			

## Application form CONTINUED

### EXPERIENCE (Attach a CV or state experience below)

The course is available for personnel who have completed the SSPC Trainthepainter course or other approved training programmes. Coating applicators, foreman or supervisors with no formal qualifications can apply for the course providing they have more than two years in a supervisory or Technical Manager role.

<input type="checkbox"/> Trainthepainter	Expiry	Number	
<input type="checkbox"/> Coating Inspector	Type	Level	Expiry

#### Career History