

APPLICATION FOR ENROLMENT



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:	Diploma £2,300	Certificate £1,550	Course:	Diploma £2,300	Certificate £1,550
Boatyard and Marina Operations	<input type="checkbox"/>	<input type="checkbox"/>	Ship Security	<input type="checkbox"/>	<input type="checkbox"/>
Building your own Boat	<input type="checkbox"/>	<input type="checkbox"/>	Ship Surveying	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety in Ship Operations	<input type="checkbox"/>	<input type="checkbox"/>	Shipbuilding & Ship Repair	<input type="checkbox"/>	<input type="checkbox"/>
LNG Shipping	<input type="checkbox"/>	<input type="checkbox"/>	Superyacht Management	<input type="checkbox"/>	<input type="checkbox"/>
Maritime Firefighting	<input type="checkbox"/>	<input type="checkbox"/>	Superyacht New Builds	<input type="checkbox"/>	<input type="checkbox"/>
Maritime Law	<input type="checkbox"/>	<input type="checkbox"/>	Superyacht Operations	<input type="checkbox"/>	<input type="checkbox"/>
Marine Insurance Claims	<input type="checkbox"/>	<input type="checkbox"/>	Superyacht Refit	<input type="checkbox"/>	<input type="checkbox"/>
Marine Pilotage	<input type="checkbox"/>	<input type="checkbox"/>	Tanker Operations	<input type="checkbox"/>	<input type="checkbox"/>
Marine Salvage Operations	<input type="checkbox"/>	<input type="checkbox"/>	Technical Ship Management	<input type="checkbox"/>	<input type="checkbox"/>
Offshore Operations	<input type="checkbox"/>	<input type="checkbox"/>	The Role of the Superyacht Deckhand	<input type="checkbox"/>	<input type="checkbox"/>
Port State Control	<input type="checkbox"/>	<input type="checkbox"/>	Yacht Brokerage	<input type="checkbox"/>	<input type="checkbox"/>
Restoration of Historic Ships and Boats	<input type="checkbox"/>	<input type="checkbox"/>	Yacht & Small Craft Surveying	<input type="checkbox"/>	<input type="checkbox"/>
Optional fees:					
Printed modules option (in addition to PDF's already included within the course fee) priced at £300.00 <input type="checkbox"/> Courier service priced at £200.00 <input type="checkbox"/>					
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: PYA, MYBA or other	
3. Website link		6. Other	

APPLICATION FOR ENROLMENT continued

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:
E-mail:	Mobile:

PAYMENT (choose one of the following payment options)				
OPTION 1	<input type="checkbox"/> I am paying in full by:			
<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"/>	I am making a payment directly to the MPI Group bank account at: <table border="0"> <tr> <td>MPI Group, National Westminster Bank Plc, 19 Shaftesbury Avenue, London, W1A 4QQ, UK</td> </tr> <tr> <td>Account No: 06532381 Sort Code: 56-00-29</td> </tr> <tr> <td>Swift Code: NWBK GB2L IBAN: GB35 NWBK 5600 2906 5323 81</td> </tr> </table>	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
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Account No: 06532381 Sort Code: 56-00-29				
Swift Code: NWBK GB2L IBAN: GB35 NWBK 5600 2906 5323 81				
<input type="checkbox"/>	Credit/Debit Card (tick one) Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/>			
	Card Number: _____ Expiry Date: _____ Valid Date: _____			
	Name of Card Holder: _____ 3 Digit Security code: _____			
	Billing Address of Card Holder (If different to application)			
OPTION 2	<input type="checkbox"/> I am paying by instalments. Please see signed payment plan attached.			

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> <input type="checkbox"/>	