

# TRAINING COURSE BOOKING FORM

## Role of the Security Controller or Security Vetting courses

### COURSE DETAILS

Course Name

Course Date

### ROLE OF THE SECURITY CONTROLLER or SECURITY VETTING (2 day courses) – Please select

<b>24 Hour Delegate Rate</b>				<b>Day Delegate Rate</b>			
Rate includes all course materials and examination fees plus lunch and refreshments throughout both days of the course. The rate also includes a networking dinner and overnight accommodation on the first evening of the course and breakfast on the second day.  <i>We strongly recommend this option to gain the maximum benefit from the course.</i>	Non Member	£650		Rate includes all course materials and examination fees plus lunch and refreshments throughout both days of the course.  NB: The course will end around 5pm on the first day with delegates expected to return to the venue for an 8:30am start on the second day.	Non Member	£570	
	Associate Member	£599			Associate Member	£520	
	*DISA Member	£525			*DISA Member	£450	

### DELEGATE DETAILS

Surname

Forenames

Known As

Title

Job Title

Company/Organisation

Address for DELEGATE Correspondence

Postcode

Invoice Address

Postcode

Telephone No

Mobile No

Correspondence Email Address

DELEGATE Email Address

#### PLEASE INDICATE:

I am a DISA Member

I am an Associate Member

I wish to apply for Associate Membership at a cost of £50.00 per calendar year

**Please complete the application form attached**

I have already applied for Associate Membership

Purchase Order No (if applicable)

Special Dietary Requirements

**METHOD OF PAYMENT (please tick / delete as appropriate)**

<input type="checkbox"/> Debit my Access / Visa / Mastercard / Eurocard for £.....
Security Code ( last 3 digits of number on reverse of card)
<input type="checkbox"/> Send me an Invoice

Card No :
Expiry Date:
I enclose a cheque <input type="checkbox"/>

**How to book:**

Complete the Booking Form to include signing and dating, stating which course you are attending and on which date.

Use one form per person per course. Please feel free to print or photocopy this form for additional bookings. Email, post or fax to:

**DISA Administration Office, Cygnul Ltd**  
**8-9 Acorn Business Centre, Roberts End, Hanley Swan, Worcs WR8 0DN**  
**Tel 0870 458 9636 Fax 0870 458 9578**  
**E-mail: [training@thedisa.org](mailto:training@thedisa.org)**

**TERMS & CONDITIONS OF BOOKING:**

**Please ensure that the Terms and Conditions of Booking shown below are signed and dated**

**Invoicing, Payment & Fees:**

- 1) It is a condition of booking that payment must be made **before** the date of the course.
- 2) An invoice will be issued to the delegate upon receipt of the Booking form (copies may be sent to Company finance departments if details are provided).
- 3) Joining instructions will be forwarded direct to delegates approximately 3 weeks before commencement of the course.
- 4) Please note that DISA do not take provisional bookings.
- 5) Fees are correct at time of printing, but may be subject to adjustment as notified at the time of booking.
- 6) Fees may be adjusted when transferring your booking to another person if their membership status is different from that of the original delegate.

**Cancellations:**

**If you have to cancel your booking please do so in writing by email, fax or letter.**

Cancellations made 30 working days or more before a course start date will not incur a charge. Cancellations made later than 30 working days, but not less than 14 working days before a course start date, will incur a 25% administration fee.

**Cancellations made less than 14 working days before a course start date will incur the cost of the full course fee. Failure to attend a course will be regarded as a less than 14-day cancellation and your payment will be forfeited.**

**Transfers:**

**1) To a different course:**

If you have to transfer your booking please do so in writing by email, fax or letter. If made between 30 and 14 working days before the original course start date the request will incur a 25% administration fee.

**Transfer requests received made less than 14 working days before a course start date will incur the full cost of course.**

**2) To another person:**

If you wish to transfer your same date booking to another person please do so in writing by email, fax or letter. If made before 14 working days of the course start date the request will not incur a charge. Transfers to another person made less than 14 workings days before the course start date will incur a 25% administration fee.

**By signing this form you are agreeing to the Terms and Conditions above and are entering into a Contract with DISA.**

**I agree to the Terms and Conditions above and confirm that I am the budget holder or that I am authorised by the budget holder to place this booking.**

**Signature .....** **Date.....**

**DISA Associate Members are able to:-**

- attend all DISA training and associated seminars
- receive discounts on Association training courses
- attend the annual conference for day two only
- have limited access to the Association website
- attend industry specific meetings
- receive e-news publications

*FOR OFFICE USE ONLY*

Membership No. \_\_\_\_\_

Invoice No \_\_\_\_\_

Password \_\_\_\_\_

Date \_\_\_\_\_

**ASSOCIATE MEMBERSHIP APPLICATION**

(Please complete in BLOCK CAPITALS)

**DISA Associate Membership** is subject to the absolute discretion of the Management Committee and open to any person who meets the following criteria:

- (a) is responsible for or contributes to the implementation of Defence or Nuclear Industry security requirements;  
**and;**  
 (b) is undertaking DISA training;  
**and;**  
 (c) who is employed by an organisation carrying out work for or on behalf of HM Government

**APPLICANT**

Surname	Forenames	Known As	Title	Date of Birth

<b>Job Title</b>	
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Direct Telephone number	Mobile Telephone number	Email address

**BUSINESS**

**Company Name and address**

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Nature of Business	Company Telephone number

**Which Contracting Authorities do you undertake work for:-**

Defence	Civil Nuclear	Home Office
Police	CPNI	GCHQ
DWP	Other:- (Please specify)	

**RESPONSIBILITIES**

**Summary of present security responsibilities**

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How did you hear about DISA?

DISA Member	DISA Training Course	Web Site	Security Advisor	Other (please state)
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**DATA PROTECTION ACT 1998**

The purpose of requesting the Personal Data below is to assist in deciding whether you are a suitable applicant for membership of the Defence Industry Security Association (DISA). Personal Data is also used in the compilation of a DISA members register. Personal Data you provide will be disclosed for administration purposes to the DISA Administration office at Cygnul Limited. Personal Data may also be disclosed to the UK Ministry of Defence and other UK Government Security Agencies for verification purposes, any referees nominated by you and to other DISA members by way of an electronic or hard copy members register. If required, disclosures will be made by way of written or verbal correspondence, telephone calls and/or electronic transmission. All Personal Data will be processed in accordance with the Data Protection Principles as defined in the Data Protection Act 1998 and will not be used for any purpose or purposes other than those described

**DECLARATION**

I confirm that the details given in this application are correct. I consent to DISA processing my Personal Data in the manner and for the purposes you have described.

**Signature of Applicant:**

**Date:**

**WHEN COMPLETED THIS FORM SHOULD BE SENT TO:**

Defence Industry Security Association  
Administration Office, c/o Cygnul Ltd, 8-9 Acorn Business Centre, Hanley Swan, Worcestershire WR8 0DN  
Tel: +44 (0) 870 458 9636 Fax: +44 (0) 870 458 9578 Email: [contact@thedisa.org](mailto:contact@thedisa.org)

**MANAGEMENT BOARD USE:**

Comments:

The Management Board considered this application and it has been approved / not approved.

Signed:

Name:

Date:

On behalf of the Defence Industry Security Association Management Board