

TRAINING COURSE BOOKING FORM

COURSE DETAILS

Course Name

Course Date

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

24 Hour Delegate Rate				Day Delegate Rate			
Rate includes all course materials and BTEC 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 BTEC 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	

DOCUMENT SECURITY (1 day Course – Optional overnight stay) – Please select

24 Hour Delegate Rate				Day Delegate Rate			
Rate includes all course materials plus lunch and refreshments throughout the day of the course. The rate also includes a networking dinner and overnight accommodation on the evening PRIOR to the course and breakfast on the day of the course. <i>We strongly recommend this option to gain the maximum benefit from the course.</i>	Non Member	£550		Rate includes all course materials, lunch and refreshments throughout the day of the course. NB: The course will begin at 9am.	Non Member	£460	
	Associate Member	£499			Associate Member	£410	
	*DISA Member	£425			*DISA Member	£350	

*DISA Member rates are only applicable if payment of full membership fee has been received prior to booking

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

THIS BOOKING FORM COMPRISES TWO PAGES – PLEASE COMPLETE BOTH PAGES

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 <u>Please complete the application form attached</u>	
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:

Fill in the booking form, 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. Post, fax or e-mail 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@thedisas.org

Booking Conditions:

It is a condition of booking that payment must be made **before** the date of the course. Joining instructions will be forwarded direct to delegates approximately 3 weeks before commencement of the course, provided payment has been received.

Invoicing: Invoices will be issued upon receipt of the booking form.

Cancellation & Transfer Policy:

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.

If you wish to transfer your booking to a different course please do so in writing by email, fax or letter.

Transfer requests made between 30 and 14 working days before the original course start date will incur a 25% administration fee.
 Transfer requests made less than 14 working days before a course start date will incur the full cost of course.

If you wish to transfer your booking to another person please do so in writing by email, fax or letter.

Transfers to another person made before 14 working days of the course start date 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.

Fees: Fees are correct at time of printing, but may be subject to adjustment as notified at the time of booking. Fees may be adjusted when transferring your booking to another person.

I agree to the Terms and Conditons above:- SignatureDate.....

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

Job Title

Direct Telephone number	Mobile Telephone number	Email address

BUSINESS

Company Name and address

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

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

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