

**BRITISH SOCIETY FOR STRAIN MEASUREMENT**

**Eligibility Form  
Level 1 Certificate Examination**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_ Title: \_\_\_\_\_

Education: (e.g. GCSE subjects and dates, A-Level subjects and dates, Degree/HND title and date):

Strain Measurement Training Courses: (Title or description and provider; duration of course and dates)

Strain Measurement Experience: (Employer, position, level of responsibility, types of installation using (a), (b), (c), (d) listed in CSMP11:2005; duration in weeks and date)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Department manager or supervisor signature: \_\_\_\_\_

Return this form to:  
BSSM  
22 St Georges Road,  
Bedford, MK40 2LS  
Tel/Fax: 01234 347778 Email: [johnedwards@bssm.org](mailto:johnedwards@bssm.org)

**BRITISH SOCIETY FOR STRAIN MEASUREMENT**

**Application to attend**

**Level 1 Pre-examination Seminar**

**Date** \_\_\_\_\_

**Location** \_\_\_\_\_

Surname:	Forenames:	Title:
Home address:		
		Post code:
Tel:	Fax:	Email:
Employer's name and address:		
		Post code:
Tel:	Fax:	Email:
Supervisor/department manager's name:		

I have registered/intend to register to take the examination based on installation type (a), (b), (c), (d) (Circle as appropriate) listed in CSMP11:2005

**Seminar fee:**

£190 plus VAT (total £223.25) including lunch and refreshments

**Payment Method:**

- By cheque: Please make your cheque payable to "BRITISH SOCIETY FOR STRAIN MEASUREMENT"

- We can invoice your company: Order No: \_\_\_\_\_

- Pay by credit/debit card MASTERCARD/VISA/SWITCH/SOLO:

Cardholder's name \_\_\_\_\_ Card expiry date: \_\_\_\_\_

Card number: \_\_\_\_\_ Issue number or 'start date': \_\_\_\_\_

3-digit security code on reverse of card: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Return this form to:

BSSM

22 St Georges Road,

Bedford, MK40 2LS

Tel/Fax: 01234 347778 Email: johnedwards@bssm.org

**BRITISH SOCIETY FOR STRAIN MEASUREMENT**

**Registration Form  
Level 1 Certificate Examination**

Date \_\_\_\_\_  
Location \_\_\_\_\_

Surname:	Forenames:	Title:	
Home address:			
		Post code:	
Tel:	Fax:	Email:	
Employer's name and address:			
		Post code:	
Tel:	Fax:	Email:	
Supervisor/department manager's name:			

**Installation type:**

(a), (b), (c), (d) (Circle as appropriate) Please see CSMP11:2005

I have read and will accept the rules and conditions governing the award of the Certificate set out in booklet CSMP11:2005

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_

**Exam fee:**

£310 plus VAT (total £364.25) for one installation type

£380 plus VAT (total £446.50) for two installation types on same day

Inclusive of Code of Practice, the Level 1 written examination question bank CSMP11.2:2005, and lunch.

**Payment Method:**

- By cheque: Please make cheques payable to "BRITISH SOCIETY FOR STRAIN MEASUREMENT"
- We can invoice your company: Order No: \_\_\_\_\_
- Pay by credit/debit card MASTERCARD/VISA/SWITCH/SOLO:

Cardholder's name \_\_\_\_\_ Card expiry date: \_\_\_\_\_

Card number: \_\_\_\_\_ Issue number or 'start date': \_\_\_\_\_

3-digit security code on reverse of card: \_\_\_\_\_

**Please tell us how you heard of the BSSM:**

Strain journal/colleague/BSSM event/non BSSM event/advert/press release/  
post from BSSM/email from BSSM/telephone contact from BSSM/BSSM website

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