

BRITISH SOCIETY FOR STRAIN MEASUREMENT

**Eligibility Form
Level 2 Certificate Examination**

Surname: _____ Forename: _____ Title: _____

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

Level 1 Certification Date (if necessary):

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 CSMP12:2005; duration in months and dates)

Date: _____ Signature: _____ Position: _____

Date: _____ Department manager or supervisor
signature: _____

Return this form to:
John Edwards
22 St Georges Road, Bedford, MK40 2LS
Tel/Fax: 01234 347778 Email: johnedwards@bssm.org

BRITISH SOCIETY FOR STRAIN MEASUREMENT

Application to attend Level 2 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: | | | |

Seminar fee:

£210 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: _____

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BRITISH SOCIETY FOR STRAIN MEASUREMENT

Registration Form Level 2 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: | | |

I have read and will accept the rules and conditions governing the award of the Certificate set out in booklet CSMP12:2005

Date: _____ Signature: _____ Position: _____

Exam fee:

£450

inclusive of the Code of Practice, the Strain Measurement Reference Book, the Level 2 written examination question bank CSMP12.2, and lunch.

- Will you require car parking at the University? Y/N (delete as appropriate)

Payment Method:

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- 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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