

**BRITISH SOCIETY FOR STRAIN MEASUREMENT**

**Eligibility Form  
Level 3 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):

Level 2 Certification 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 CSMP12; 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 3 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:

£260 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 3 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 CSMP13:2005

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

### Exam fee:

£560

inclusive of the Code of Practice, the Level 3 written examination question bank CSMP13.2, and lunch.

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

### 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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