

PLEASE USE BLACK INK AND WRITE CLEARLY IN BLOCK CAPITALS

ALL FIELDS ARE MANDATORY, PLEASE COMPLETE ALL FIELDS TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION

## Centre Details

Name of Centre			
Business Structure (Ltd,Partnership/SoleTrader)			
Address			
County/State		Country	
Postcode		Telephone Number	
Email Address			
Website			

## Course Details

Course Name

Course Overview

Learning Objectives (Key 5)

Suggested attendees

Course length (Days)

National Occupational Standards covered

(Course Contact) / Declaration

If you require assistance please call 01785594136 or visit [www.iexpe.org](http://www.iexpe.org). Please send completed application form to **Institute of Explosives Engineers, Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST** or via email to [stephanieball@iexpe.org](mailto:stephanieball@iexpe.org)

Title		First Name(s)	
Surname/Family Name			
Job Title			

I declare that the statements made on this form are true to the best of my knowledge.

Signature									
Date	D	D	M	M	Y	Y	Y	Y	
Print Name									