



# Safety Training Awards

The Awarding Body of the STA



## Course Application Form (3) - Seminars & Workshops Please complete using block capitals

Topic	_____		
Start Time	_____	Length of Time	_____
Speaker (s)	_____	CPD Points	_____

	Organiser	Venue
Name	_____	_____
Address	_____	_____
	_____	_____
Post Code	_____	_____
Telephone	_____	_____
Membership No	_____	Date

	Send Invoice to:
Name	_____
Address	_____
	_____
Post Code	_____

Note: The Course Organiser is responsible for paying the Registration Fees to the STA. If a third party is to be invoiced the official purchase order must be attached.  
**Purchase Order No:** \_\_\_\_\_

The Speakers contact details are:		
	Speaker 1	Speaker 2
Name	_____	_____
Address	_____	_____
	_____	_____
Post Code	_____	_____
Telephone	_____	_____
Membership No	_____	_____

I confirm that the facilities I am using to run the above course, fully comply with the requirements of the Health & Safety at Work Act and the Equal Opportunities Act.

I anticipate that there will be \_\_\_\_\_ attendees on the workshop / seminar.

I confirm that immediately after the seminar / workshop that I will send to the STA the **CREGG Form** and the **Registration Fees** for ALL attendees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you do not wish to advertise on <a href="http://www.sta.co.uk">www.sta.co.uk</a> tick here. <input type="checkbox"/>	<b>Course Reference Number</b>  _____
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