To apply for this course please complete this form and email to cert.training@niab.com

For any enquires, email cert.training@niab.com

**Herbage Initial (28/02/2023 & 09/05/2023)**

|  |  |  |
| --- | --- | --- |
| **Inspector’s Name** | **Licence Number if applicable** | **Email address**  |
|  |  |
| **FORENAME** | **SURNAME** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I wish to book …........... for the training course

I wish to book ………...... persons for APHA examination

**Fees are payable on registration PAYMENT REFERENCE: HERBINT**

***Please Note – Bookings are not confirmed until payment has been received and an acknowledgement e-mail has been sent out by NIAB. Bookings are at risk if payment is received later than 28 days after initial application has been sent to NIAB. Payment must be received before the course closing date, otherwise bookings will be deleted.***

|  |
| --- |
|  |
|  |  |
| *[ ]*  | *I would like to pay by BACS [Acc: NIAB - Acc no: 80403105 - Sort code: 20-65-68]* |

Company: Applicant Number:

Address:

Tel No:

Date: …………………

Signature\*: …………………

Email: …………………

\*Electronic signatures are acceptable.