NEBOSH IDIP ENROLMENT FORM



Applicant's Personal Information

Full Legal Name:						
-						
Gender:	Female	Male	Non-bi	nary	Date of Birth:	
Worker Email Address:						
Personal Email Address:						
Work Phone Number:			Mobile Phone Number:			
Do you have any special learning difficulties or physical impairments (For example dyslexia or vision difficulties.)			YES	NO		

Applicant's Education and Experience

(Please note you only need to complete this section when enrolling for the first unit)

Are you currently employed? (If yes please record below the organisation name and your job title)	YES No
What is your experience level in Health and Safety?	Very Experienced (5+ Years) Experienced (2 - 4 years) Some Experience (1 - 2 years) No Experience (Have not worked before in a H&S role)
Please list the relevant qualifications you currently hold?	

* Learner's personal information including gender, ethnicity and date of birth required to identify and create your record of learning in the databases of IMPAC, NZQA and NEBOSH. Without this information we may be unable to process your application. Your data is retained by IMPAC, as per our Privacy Policy (<u>https://impac.co.nz/about/privacy-policy/</u>) and will only be shared as is necessary to achieve this qualification.



NEBOSH IDIP ENROLMENT FORM



IMPAC's Programme for 2024

	Unit DI1	Unit DI2	Unit DI3
Last date of enrolment	1 March 2024	15 November 2024	15 July 2024
Semester dates	1 March - 31 July 2024	1 November - 31 March 2025	1 July - 30 November 2024
Assessment preparation and revision	1 August - 1 September 2024	1 April - 1 May 2025	1 December - 1 January 2025
Assessment window	11 September - 10 October 2024 (11:00PM - 11:00PM)	TBC May 2025	TBC January 2025
Next available submission window	TBC March - April 2025	TBC November 2025	TBC July 2025

IMPAC's Programme Fees

(Please select the units you wish to register and be invoiced for)



Resubmission/Resit Fee: \$550 + GST per resubmission/resit



NEBOSH IDIP ENROLMENT FORM



Invoicing Details

Who is paying for the invoice:	My Employers is paying (Please make the invoice to the company directly) I will be paying for the course myself (Please make the invoice to me personally) Other please specify:		
Organisation Name:			
Contact Name:			
Purchase Order Number:		Contact Phone Number:	
Email address for the invoice to be sent to:			
Mailing address:			

Terms and Conditions

IMPAC International Courses / Programmes (NEBOSH & IOSH) Training Booking Terms, Conditions and Cancellation	
Policy.	

I accept the Terms and Conditions

Applicant Declaration

I declare to the best of my knowledge all the information supplied on and with this enrolment form is true and complete. I understand that personal information including but not limited to gender, ethnicity and date of birth is shared with NEBOSH and NZQA for statistical and reporting purposes.

Applicant Signatures:	Date:
-----------------------	-------

Please submit this form to training@impac.co.nz We will acknowledge receipt and be in contact with you on next steps.

