

BPCA Registered

# New starter application form



## Organisation details:

Name of company	BPCA member no.
Contact name	Position
Telephone	Email

How many new starters are you registering?

## Employee details:

Name	Job title
Contact name	Position
Telephone	Email

Job role    Technical     Non-technical     Trainee

Start date    DD/MM/YYYY   

Date of birth    DD/MM/YYYY   

Qualification	Date issued	Certificate number

## Signed

THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUTHFUL, COMPLETE AND CORRECT.

Authorised signature	Date
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Please complete and return to **British Pest Control Association, 4a Mallard Way, Pride Park, Derby, DE24 8GX** or **registered@bpca.org.uk**

INTERNAL USE ONLY

Actioned by	Date
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