

BDS Centre of Excellence Application Form



PLEASE USE BLOCK CAPITALS

Name of College

Address

.....

Postcode

Tel: _____

College Website: WWW

Contact name

Direct Tel No: _____ Ext: _____

Direct Email:

Course/s to be viewed

1.

2.

3.

4.

Average number of students on Course/s

1.

2.

3.

4.

Dates preferred for BDS Assessor to visit – This will be confirmed due to availability of Assessors

1. ___ / ___ / _____

2. ___ / ___ / _____

3. ___ / ___ / _____

Signed

PRINT

Date ___ / ___ / _____

Please complete and send to: British Display Society, 24 South View Road, Benfleet, Essex SS7 5NA
Thank you for your application.