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	e Number:		
Do you have any special learning difficulties or physical impairme (For example dyslexia or vision difficulties.)			pairments	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



Upcoming Unit Dates for 2025 - 2026

	Unit DI3	Unit DI2	Unit DI1
Last date of enrolment	15 Jul 2025	15 Nov 2025	15 Mar 2026
Semester dates	1 Jul - 15 Nov 2025	1 Nov - 31 Mar 2026	1 Mar - 31 Jul 2026
Assessment preparation and revision	16 Nov - 1 Jan 2026	1 Apr - 1 May 2026	1 Aug - 1 Sep 2026
Assessment window	15 - 29 Jan 2026 (1:00am - 1:00am)	13 - 28 May 2026 (11:00pm - 11:00pm)	TBC Sep - Oct 2026
Next available submission window	15 - 29 Jul 2026 (11:00pm - 11:00pm)	11 - 26 Nov 2026 (12:00am - 12:00am)	TBC Mar - Apr 2026

IMPAC's Programme Fees

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



Resubmission/Resit Fee: \$625 + 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 se	ent 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.

