



# Fit Training

Suite 206, Second Floor, Aidan House,  
Sunderland Road, Gateshead, Tyne and Wear,  
NE8 3HU

Tel: 0191 478 8384 Fax: 0191 478 8301

## Course Application Form

Course applied for: \_\_\_\_\_

Apprenticeship Programme (please tick)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

National Insurance Number \_\_\_\_\_

### Education

Last school / college attended: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Exam results:

Subject	Level (GCSE, GNVQ etc.)	Result achieved
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Please give details of any training courses, including YT, further education or work experience that you have taken part in:

## Employment

Please give details of any full or part-time work that you have done or are currently doing, which may be relevant to the course. Please include the employer name and job title:

## Other useful information

Please explain why you are interested in the course you have applied for:

Please give details of your hobbies, leisure activities and interests:

If your application were successful, when would you be available to start the course?

Please describe any individual learning needs and/or any other requirements you may have that would be relevant to the course:

Please give details of any medical condition, e.g. cardio-respiratory, joint or muscular problems, or recent injury may have, which could prohibit you from taking part in activities associated with the course:

Please tell us how you heard about FIT Training:

## Payment - applies to Non - Apprenticeship applicants only

Please complete standing order mandate, on reverse of this page, for payment plan option.

Please tick and complete the following sections where appropriate:

- I wish to pay: £ \_\_\_\_\_ being the full price of the course.  
including any necessary registration fees.
- I wish to pay: £ \_\_\_\_\_ being the deposit relating to the payment plan  
option for the course, including any necessary  
registration and administration fees. I have also  
completed the Standing Order Mandate.

Please indicate your method of payment of the above amount:

Cheque  Postal order  Visa / MasterCard  Switch / Maestro

Card No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Issue number: \_\_\_\_\_

I hereby authorise for FIT Training Ltd to debit the above amount from my  
account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cancellation Disclaimer – applies to non - Apprenticeship applicants only

I/We have read & agree to abide by the terms and conditions of business and this  
cancellation policy:

- Transfer to other FIT Training course, 4 weeks notice before the start of  
course - no penalty
- Complete withdrawal from course by applicant - no refund

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Standing Order Mandate - applies to non - Apprenticeship applicants only, wishing to pay using the payment plan option.**

To: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

Please pay:	Bank	Branch title	Sorting code

For the credit of:	Beneficiary	Account Number	Reference
	Fit Training Ltd		

The sum of:	Amount	Amount in words
	£	

Date of first payment: 15<sup>th</sup> \_\_\_\_\_ 20

And thereafter, every: 15<sup>th</sup> day of each month.

Until further notice in Writing or last payment

Date: 15<sup>th</sup> \_\_\_\_\_ 20

Account name, to be debited	Account number, to be debited

Any special instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account holder signature: \_\_\_\_\_

Date: \_\_\_\_\_