



Course Application Form

Course applied for: _____

Are you applying under the **Apprenticeship Programme**? YES NO

If YES, please complete Sections 1-6 ONLY

Section 1 Contact Details

Name: _____ Date of birth: _____

Address: _____

_____ Telephone: _____

Email: _____ National Insurance Number: _____

Section 2 Education

Last School / College attended: _____

Dates attended: *From* _____ *To* _____

Subject	Level (GCSC, NVQ etc.)	Result achieved

Section 3 Service Leavers ONLY

Resettlement Centre: _____

Service Number: _____ Length of Service: _____

Section 4 Equal Opportunities

This section is to help us monitor how well our equal opportunities policy is working:

Are you: MALE FEMALE

Have you been resident in the UK for 3 years? YES NO

Please tick the following which apply:

- Asian or Asian British – Bangladeshi
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Other
- Black or Black British – African
- Black or Black British – Caribbean
- Black or Black British – Other
- Mixed – White and Asian
- Mixed – White and Black African
- Mixed – White and Black Caribbean
- Mixed – any other mixed background
- Chinese
- White – British
- White – Irish
- White – any other background
- Any other ethnic group

- Prefer not to say

In order for us to identify any support you may require, please tick those that apply:

- I have a specific learning difficulty, eg. Dyslexia, dyscalculia
- I have a statement of special educational needs
- I have a support need with which Fit Training can help
- I have a medical condition, eg. Asthma, Hayfever etc
- I have another disability

Please state: _____

If you have selected any of the above, how would you wish to let us know what support you are likely to need? – please tick:

- By talking confidentially to a member of staff
- By writing (please attach with this application form)
- Through someone else such as an advocate, parent or carer

Section 5 Employment

Please give details of any training courses including YT, further education or work experience that you have taken part in:

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:

Section 6 Additional Information

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

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

When would you be available to start your chosen 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**:

Section 7 Payment Details (NON- Apprenticeship applicants ONLY)

I am paying in FULL:

I wish to pay: £ _____ being the full price of the course including any necessary registration fees

OR

I am paying by INSTALLMENTS:

I wish to pay: £ _____ being the deposit for the course including any necessary registration and administration fees.

I have also completed the **Standing Order Mandate** in **Section 8**

Section 8 Method of Payment (NON- Apprenticeship applicants ONLY)

I am paying by CHEQUE POSTAL ORDER VISA/MASTERCARD
 SWITCH/MAESTRO

Card No: _____ Start Date: _____

End Date: _____ Security Code (last 3 digits on signature strip): _____

Name on card: _____ Issue No: _____

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 week's notice before the start of the course (no penalty)
- Complete withdrawal from course by applicant (no refund)

Signature: _____ Date: _____

Section 9 Standing Order Mandate (NON- Apprenticeship applicants ONLY)

To: _____ (Bank/Building Society)

Bank Address: _____

Please pay:

Bank	Branch Location	Sort Code
Lloyds TSB	Grey Street, Newcastle	30-93-71

For the credit of:

Beneficiary	Account Numer	Reference
Fit Training	03958197	

For the sum of:

Amount	Amount in words
£	

Date of 1st payment: 15th _____ 2009

And thereafter on the 15th of every month until:

further notice *in writing* **OR** last payment date of 15th _____ 200 _____

Please debit from my account detailed below:

Account Name	Account Numer

Any special instructions: _____

Account holders signature: _____ Date: _____