

Registration Form

Fast Caring and Training Services Limited

Course Title:						Level:			
PERSONAL PROFILE									
Name (as you want	ate):		Male:		Female: 🗆				
Date of Birth:	onal Insurance No:								
Home Address:									
Postcode/Area:									
Home telephone:			Mobile:						
Work telephone:			Email:						
Job title:									
Name of Organisation (Employer):									
Work Address:									
	Postcode:								
If different from the company address above, please give us the address of where you usually work:									
Next of Kin: Name:			Relationship: Tel:						
Do you have childcare or other responsibilities which will limit your study time? Yes \Box No \Box									
Do you consider that you have a learning difficulty and/or disability? Yes \Box No \Box Please tick "yes" if you have greater difficulty in learning than most people, or if you have a disability which prevents or hinders you from making best use of facilities. Please tell us what your difficulty or disability is. We may be able to offer you additional support:									
Studying requires a level of ability in English and Maths, please tell us what other qualifications you have:									
Subject	Level	Gr	ade/Result	Date/Yea	ar	Ce	rtificate(s)		

DECLARATIONS

Applicant I hereby certify, to the best of my knowledge, that the information given herein is true and accurate. I accept that in case of any false or misleading information is found I can be disqualified, and all fees forfeited. I understand the full payment of fees confirms my registration and fees paid may not be refundable / transferable. I have provided copies of the required documents. My attendance must be 80% or higher for me to continue the course.

Applicant's Name (please print):	Applicant	's signature:	Date:					
Any information provided will be treated with the strictest of confidence.								
FOR OFFICE USE Form checked: Signed for Centre:								
Comment:		P						

Thanks for your expression of interest, we will contact you, if successful, after due consideration