



APPLICATION FORM (For Course Registration)

(BLOCK LETTERS ONLY)

PERSONAL DETAILS

Course/Programme applying for:.....

Mr/ Mrs/ Miss/ Ms/ Other.....

Surname:..... First Name (s).....

Date Of Birth:..... Telephone.....

Address:.....

Email:.....

Nationality:.....

National Insurance Number:.....

Have you lived in the UK or EU for the past 3 years? Yes/No



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137 Broadway, Bexleyheath –Kent, DA6 7EZ Tel – 02086170639; Email: Admin@impactprojectsolutions.co.uk

Next of Kin:.....Relationship.....

Telephone:.....

Do you consider that you have a learning difficulty? Yes/No

Are You Registered Disabled? Yes No

If Yes, Registration Number:.....

Nature Of Disability:.....

PREVIOUS QUALIFICATION

Course:..... Grade:..... Date:.....

Subjects:.....

Qualification:.....

EMPLOYMENT HISTORY

Are You Employed? Yes No

If Yes, Your Job Title:.....

Employed Full Time / Part Time Employment Start Date.....

Hours worked per week:.....

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Email: Admin@impactprojectsolutions.co.uk / Or Paul@impactprojectsolutions.co.uk Website: www.impactprojectsolutions.co.uk



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Company Name:.....Contact person.....

Company Address:.....

.....

Post Code:..... Telephone:.....

Work email:.....

My Ethnicity is:.....

Do you have childcare or other responsibilities which will limit your study time? Yes/No

Please attach a copy of your passport and visa (if applicable).

<p>Student Signature:..... Date:.....</p> <p>Trainer / Assessor Signature:..... Date:.....</p>
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<p>OFFICE USE ONLY</p> <p>DATE ENROLLED:.....</p> <p>NEEDS ASSESSED: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>INDUCTION: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>SPECIAL NEEDS: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>ENGLISH <input type="checkbox"/></p> <p>NUMERACY <input type="checkbox"/></p> <p>I.T. <input type="checkbox"/></p> <p>JOB SEARCH <input type="checkbox"/></p>

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