

Personal Details

Title:	Forename:	Surname:
Address:		Mobile Telephone:
		Home Telephone:
Gender: Male Female	Date of Birth	E-mail Address:

Ethnic Origin

White White British White Irish Other White _____	Mixed White and Black Caribbean White and Black African White and Asian White and Chinese Other Mixed _____
Asian Indian Pakistani Bangladeshi Other Asian _____	Chinese Chinese Other Chinese _____
Black Caribbean African Other Black _____	Other Other Ethnic Group _____
Prefer not to say	

Course Details

Course Code	Course Title	Day	Time	Start Date	Course Fee	Payment Method

Previous Education

Highest Prior Attainment Level (e.g. 5 GCSEs A* - C)

Have you attended any education courses in the last three years?

YES NO

If yes, please give details

Disability

Do you have a disability, learning difficulty or health problem which may affect your learning?

YES NO

If yes, please give details

Do you wish to discuss any additional needs in confidence?

YES NO

How did you hear about our courses?

DATA PROTECTION ACT 1998:

The information you provide on this form may be held on a computer and will be available to appropriate members of staff at the Training Centre. At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students may be approached to take part in surveys by mail and phone, which are aimed at enabling the Beauchamp College Training Centre to monitor performance, improve quality and plan future provision.

Please tick if you do not wish to be contacted by the Training Centre in respect of surveys and research.

Please tick if you do not want to be contacted about courses and other learning opportunities at the Beauchamp College by post or email

DECLARATION

I have checked the details on this form and agree that they are, to the best of my knowledge, accurate. I undertake to notify the Beauchamp College Training Centre if any of these details change during the course.

Signed (Learner)

Signed (Training Centre)