

Enrolment Form



Please complete this form in block capitals, with blue or black ink.
Print your name clearly on this application form as your name will appear as detailed on this form on your certification. A fee of £20 will be charged should you wish to amend and re-print your certificate.

PERSONAL DETAILS

Title (please delete as applicable) Mr / Mrs / Miss / Ms / Dr / Other _____

Forename(s) _____ Surname _____

Address _____
_____ Post Code _____

Email address _____

Telephone (day) _____ Telephone (evening) _____

Date of birth _____ Age _____ National Insurance No _____

Please tick your employment status:

Employed Self-employed Unemployed Student

IN CASE OF EMERGENCY

Contact name _____ Relationship to you _____

Home telephone _____ Mobile telephone _____

QUALIFICATIONS

| Type of qualification | Level | Awarding Body |
|-----------------------|-------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

COURSE ENROLMENT

| Course name | Venue | Start Date | Cost |
|-------------|-------|------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Pre-requisite qualifications (if applicable) _____
Copies of certificates must be emailed to info@topazhealth.co.uk

PAYMENT DETAILS

Your payment options are BACS or via PayPal on the website: www.topazhealth.co.uk
BACS: Mrs S M Gibbs-Chalmers, HSBC, Sort Code: 401002, Account No: 42199289. Payment reference: Please use your name.

How did you hear about this course?

Google Facebook Twitter Website Friend
 Advert Email Newsletter Other (please specify)

EQUAL OPPORTUNITIES

We are committed to a policy of providing equal opportunities for all. This information is voluntary and will only be used for monitoring the equal opportunities policy.

Please tick the box that best describes your ethnic background:

- | | |
|--|--|
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Asian or Asian British - other Asian background |
| <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Mixed - White & Asian |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed - other mixed background | <input type="checkbox"/> Mixed - White & Black African |
| <input type="checkbox"/> Asian or Asian British - Pakistan | <input type="checkbox"/> White - other White background |
| <input type="checkbox"/> Black or Black British - other black background | <input type="checkbox"/> Any other |

LEARNING SUPPORT

If you have a disability, illness or difficulties in reading and writing English, which of the following would help

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Enlarged text paper* | <input type="checkbox"/> Someone to read for you | <input type="checkbox"/> Dictionaries |
| <input type="checkbox"/> Coloured overlays | <input type="checkbox"/> Someone to write for you | <input type="checkbox"/> Extra time |
| <input type="checkbox"/> Coloured paper | <input type="checkbox"/> Signer/Communicator | Other <input type="text"/> |

If you have a learning difficulty, are you likely to need any additional support during the programme? Y N

If yes, how do you describe your learning difficulty e.g. dyslexia, dyscalculia (you will be required to produce evidence)

- | | |
|----------------------|-----------------------------------|
| <input type="text"/> | <input type="checkbox"/> Minor |
| | <input type="checkbox"/> Moderate |
| | <input type="checkbox"/> Severe |

If you have mobility problems, are you likely to require assistance? Y N

Other support required?

* Manuals with enlarged text are subject to an additional fee. Please contact us at info@topazhealth.co.uk for further information.

DECLARATION

I declare that:

- i) The information provided by me is true and accurate in all respects.
- ii) I confirm that I have read and agree to comply with the Terms and Conditions and policies and procedures provided via the website at www.topazhealth.co.uk.
- iii) Payment will be made via BACS transfer or via the website as detailed in Payment Details above to confirm my booking.
- iv) I understand that full payment must be received 21 days prior to course start date.

Print name:

Signature:

Date:

Please return the completed form via email to info@topazhealth.co.uk or by post to:
Topaz Health Training, 60 Belle Isle Crescent, Brampton, Huntingdon, PE284SH.