



BOOKING FORM

YOUR DETAILS							
Your Title	Mr / Mrs / Miss / Ms / Dr / Rev / Hon / Other.....						
<p>Please print clearly as these details may be used on your certificate.</p> <p>Please insert legal name for certification purposes.</p>							
Your Forename(s)							
Your Surname							
Current address							
Postcode							
Date of Birth	Age on 31 st August 2017 (.....)						
Telephone/Mobile							
Email							
Gender	National Insurance Number						
Are you a national of the UK or the European Union?	Yes <input type="checkbox"/> / No <input type="checkbox"/>						
Have you lived in the UK for the last 3 years and have the right to remain?	Yes <input type="checkbox"/> / No <input type="checkbox"/>						
COURSE DETAILS							
Course Title	NVQ Level 2 Certificate in Spectator Safety						
YOUR ETHNICITY							
<p><i>This information is requested by the Government and is for statistical monitoring, you can select not to respond by ticking the appropriate box below.</i></p>							
English, Welsh, Scottish, Northern Irish or British (31)	<input type="checkbox"/>	Irish (32)	<input type="checkbox"/>	Gypsy or Irish Traveler (33)	<input type="checkbox"/>	Any other white background (34)	<input type="checkbox"/>
White and Black Caribbean (35)	<input type="checkbox"/>	White and Black African (36)	<input type="checkbox"/>	White and Asian (37)	<input type="checkbox"/>	Any other mixed or multiple ethnic background (38)	<input type="checkbox"/>
Indian (39)	<input type="checkbox"/>	Pakistani (40)	<input type="checkbox"/>	Bangladeshi (41)	<input type="checkbox"/>	Chinese (42)	<input type="checkbox"/>
Any other Asian background (43)	<input type="checkbox"/>	African (44)	<input type="checkbox"/>	Caribbean (45)	<input type="checkbox"/>	Any other Black / African or Caribbean background (46)	<input type="checkbox"/>
Arab (47)	<input type="checkbox"/>	Any other ethnic group (98)	<input type="checkbox"/>	Prefer not to say (99)	<input type="checkbox"/>	Arab (47)	<input type="checkbox"/>

LEARNING DIFFICULTIES, DISABILITIES AND HEALTH PROBLEMS

This information is requested by the Government for statistical monitoring, you can select not to respond if you wish by ticking the appropriate box below.

I believe I have a learning difficulty, disability or health problem (LLDD 1)	<input type="checkbox"/>	I do not consider myself to have a learning difficulty, disability or health problem (LLDD 2)	<input type="checkbox"/>	I prefer not to say (LLDD 9)	<input type="checkbox"/>
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Please tick any boxes below that apply to you. If you tick more than one please circle the most significant one.

visual impairment (4)	<input type="checkbox"/>	hearing impairment (5)	<input type="checkbox"/>	disability affecting mobility (6)	<input type="checkbox"/>	profound complex disabilities (7)	<input type="checkbox"/>
social and emotional difficulties (8)	<input type="checkbox"/>	mental health difficulties (9)	<input type="checkbox"/>	moderate learning difficulty (10)	<input type="checkbox"/>	severe learning difficulty (11)	<input type="checkbox"/>
dyslexia (12)	<input type="checkbox"/>	dyscalculia (13)	<input type="checkbox"/>	Autism spectrum disorder (14)	<input type="checkbox"/>	Asperger's syndrome (15)	<input type="checkbox"/>
temporary disability after illness (e.g post viral) or accident (16)	<input type="checkbox"/>	speech, language and communication needs (17)	<input type="checkbox"/>	other physical disability not stated here (93)	<input type="checkbox"/>	other specific learning difficulty (e.g. Dyspraxia) (94)	<input type="checkbox"/>
another medical condition (e.g. epilepsy, asthma, diabetes) (95)	<input type="checkbox"/>	learning difficulty non specific (96)	<input type="checkbox"/>	another disability not stated here (97)	<input type="checkbox"/>	I prefer not to say (98)	<input type="checkbox"/>

Please give details of any other condition that we should be aware of including learning difficulty, temporary disability and any prescribed medication that you take:

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STATUS

Are you employed? Full time / Part time No. of hours.....

What is your job title?

Are you unemployed? Yes / No

What benefits do you claim? (delete where appropriate): JSA / ESA / Universal Credit

Other.....

If you are on Universal Credit can you confirm that it relates to one of the work groups?

Yes / No

N.B. If on a funded programme you will be required to provide evidence .

Are you a student? Yes / No

Are you full time / part time (16hrs or less p/w)

Do you self-fund your course? No / All fees paid by you / Part fees paid by you

Are you volunteering in an area that is relevant to the training/qualification you are seeking to undertake? Yes / No

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PRIOR ATTAINMENT – please tick the highest level of qualifications you hold

<input type="checkbox"/> No qualifications	<input type="checkbox"/> No qualifications
<input type="checkbox"/> GCSE/0 level grades D-G (or fewer than 5 at grades A-C) <input type="checkbox"/> CSE below grade 1 <input type="checkbox"/> 1 AS level	<input type="checkbox"/> BEC General Certificate / Diploma <input type="checkbox"/> BTEC First Certificate <input type="checkbox"/> City & Guilds Operative Awards <input type="checkbox"/> CPVE Year 1 (Technician) <input type="checkbox"/> GNVQ Foundation <input type="checkbox"/> LCCI Elementary/First Level <input type="checkbox"/> NVQ Level 1 <input type="checkbox"/> PEI Elementary/First Level <input type="checkbox"/> RSA Elementary/First Level <input type="checkbox"/> RSA Vocational Certificate
<input type="checkbox"/> GCSE/0 level (5 or more at grades A-C) <input type="checkbox"/> CSE Grade 1 (5 or more) <input type="checkbox"/> 1 A level <input type="checkbox"/> 2 or 3 AS levels	<input type="checkbox"/> Apprenticeship <input type="checkbox"/> BEC General Certificate with credit <input type="checkbox"/> BEC Diploma with credit <input type="checkbox"/> BTEC First Diploma <input type="checkbox"/> City & Guilds Higher Operative/Craft <input type="checkbox"/> GNVQ Intermediate <input type="checkbox"/> LCCI Certificate (Second Level) <input type="checkbox"/> NVQ Level 2 <input type="checkbox"/> PEI Stage 2 <input type="checkbox"/> Pitmans Intermediate Level 2 <input type="checkbox"/> Diploma Certificate <input type="checkbox"/> RSA Diploma
<input type="checkbox"/> 2 or more A levels <input type="checkbox"/> 4 or more AS levels	<input type="checkbox"/> Advanced Apprenticeship <input type="checkbox"/> BEC/BTEC National ONC/OND <input type="checkbox"/> City & Guilds Advanced Craft <input type="checkbox"/> GNVQ Advanced <input type="checkbox"/> LCCI Diploma (Third level) <input type="checkbox"/> NVQ Level 3 <input type="checkbox"/> Pitmans Level 3 Advanced Higher Certificate <input type="checkbox"/> RSA Stage 3 Advanced Diploma <input type="checkbox"/> TEC Certificate/Diploma <input type="checkbox"/> Access to HE courses <input type="checkbox"/> ESOL and foreign languages <input type="checkbox"/> Advanced awards
<input type="checkbox"/> Teaching qualifications (including PGCE) <input type="checkbox"/> First Degree	<input type="checkbox"/> BEC/BTEC National HNC/HND <input type="checkbox"/> HE Certificate / Diploma <input type="checkbox"/> LCCI Advanced Level <input type="checkbox"/> NVQ Level 4 <input type="checkbox"/> Nursing (SRN) <input type="checkbox"/> RSA Advanced Certificate / Higher Diploma

SIGN HERE

Your signature:

Date:

I certify that the information contained on this form is correct.

How does Integer Training Ltd use your data

Using your personal information

Who we are: Integer Training is a training and development company

We will only use your information for the purposes of administrating this course.

We will hold your information on our learner management system and archive system.

Only Integer staff and representatives will have access to these details.

Your details will be deleted after seven years.

You may wish for your personal details to be deleted earlier if you contact Integer by letter to GDPR

Officer, Integer Training Ltd, 17 Efford Business Park, Bude, Cornwall EX23 8LT or email

mail@integer.co.uk . You must put in the title 'GDPR deletion' and give your name, address and date of birth and state that you wish to be deleted. No copy certificates or information may be given to you at a later date if you delete your record.