

ENROLMENT FORM

(PLEASE USE BLOCK CAPITALS)

TITLE: MR/MISS/MS/Mrs SURNAME: _____
FORENAME: _____

ADDRESS: _____
_____ P/C: _____

DOB: ____/____/____ TEL NO: _____

EMAIL ADDRESS: _____

NI NO: _____

TRAINING AREA OF INTEREST: _____

NEXT OF KIN:

NAME: _____

ADDRESS: _____

TEL NO: _____

RELATIONSHIP: _____

QUALIFICATIONS:

Degree level or above GCSE or Equivalent (grade A-C)

A Level (Grade A-C) No Formal Qualifications

Other Qualifications (e.g. OCR, C&G, NVQ)

LEARNING SUPPORT:

Please indicate any learning difficulties/disabilities to enable us to assist your attendance in FRCI.

- Specific Learning Disability (e.g. dyslexia)
- Visual
- Hearing
- Mobility/Physical
- Mental Health

FINANCIAL APPRAISAL

ARE YOU:

Employed

Unemployed

In receipt of Benefits YES
NO

If in receipt of Benefits, which benefit _____

ETHNIC ORIGIN:

- White Irish Traveller Pakistani Bangladeshi
 Indian Chinese Black Caribbean Black African
 Other

EQUALITY OPPORTUNITIES:

- Roman Catholic Protestant
 Other Christian Non-Christian
 No Religion Not Stated

SIGNATURE: _____ DATE: ___/___/___

Office Use Only

PROGRAMME/PAYMENT:			
New Deal <input type="checkbox"/>	NDLP/NDP <input type="checkbox"/>	ND for Disabled <input type="checkbox"/>	
ERNE <input type="checkbox"/>	Private <input type="checkbox"/>		
FRCI Signature: _____		DATE: ___/___/___	