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Course Details	<p>Course title <input style="width: 90%;" type="text"/></p> <p>Start date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> /20 End date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> /20</p>
Your Details	<p>Title (Mr, Mrs, Miss, Ms, Other—Please Specify <input style="width: 150px;" type="text"/>)</p> <p>Surname <input style="width: 90%;" type="text"/></p> <p>Forenames <input style="width: 250px;" type="text"/></p> <p>Previous Surname <input style="width: 90%;" type="text"/></p> <p>Preferred Given Name <input style="width: 90%;" type="text"/></p>
Contact details	<p>Home Address <input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/></p> <p>Telephone No <input style="width: 20px;" type="text"/> (W) <input style="width: 200px;" type="text"/> (H) <input style="width: 20px;" type="text"/> (M)</p> <p>Email Address <input style="width: 90%;" type="text"/></p>
Other details	<p>Date of Birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / Age <input style="width: 30px;" type="text"/></p> <p>Status in the Falkland Islands (FI status Holder, PRP, Work Permit, other) <input style="width: 80px;" type="text"/></p> <p>Name of Employer <input style="width: 250px;" type="text"/> (FIG nomination form attached) <input checked="" type="checkbox"/> <input style="width: 30px;" type="checkbox"/></p>
Emergency Contact details	<p>Name <input style="width: 90%;" type="text"/></p> <p>Relationship <input style="width: 90%;" type="text"/></p> <p>Home Address <input style="width: 90%;" type="text"/></p> <p>Telephone No <input style="width: 20px;" type="text"/> (W) <input style="width: 200px;" type="text"/> (H) <input style="width: 20px;" type="text"/> (M)</p> <p>Email Address <input style="width: 90%;" type="text"/></p>
Nationality and language	<p>Please state your Nationality <input style="width: 250px;" type="text"/> <small>(e.g. British, US Citizen etc.)</small></p> <p>What is your First Language? <input style="width: 150px;" type="text"/></p> <p>How well do you speak English? <input style="width: 150px;" type="text"/> <small>Native speaker, Good, moderate, poor, very little</small></p>
Disability/ Allergies/ Medical conditions	<p>If you consider you have a disability, please specify below (e.g. Dyslexia, Deaf, Wheelchair)</p> <p><input style="width: 450px;" type="text"/></p> <p>If you think you may need testing for a disability please tick the box and a member of staff from the Training Centre will contact you to discuss your concerns and possible actions <input type="checkbox"/></p> <p>If you have any allergies (including food) or medical conditions the Training Centre should be aware of please specify. <input style="width: 400px;" type="text"/></p>

Job Type (please tick one first column and one in the second column)	Permanent	<input type="checkbox"/>	Full time	<input type="checkbox"/>
	Casual	<input type="checkbox"/>	Job Share	<input type="checkbox"/>
	Student	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
	Voluntary	<input type="checkbox"/>	School Hours	<input type="checkbox"/>
	Unemployed	<input type="checkbox"/>	Shift Work	<input type="checkbox"/>
	Employment Programme	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>

Course Payment (please tick the appropriate category)	CDS Fund <input type="checkbox"/>	Please provide a copy of the letter from the CDS Committee with this form
	Self funding <input type="checkbox"/>	Your invoice will be sent to the address you supplied overleaf
	Employer <input type="checkbox"/>	Please provide your employers contact details in the space below
	Contact in Company	<input type="text"/>
	Company address to send invoice	<input type="text"/>
	Contact telephone	<input type="text"/>
Contact in Companies email address	<input type="text"/>	

Personal Declaration and data protection consent

The personal data you have supplied will be held by the Falkland Islands Training Centre and by the awarding body offering your qualification. By agreeing to this declaration you consent to these bodies holding and processing your personal data for the purpose of complying with the statutory obligation to provide information to a number of official agencies, as well as for our own administrative, business and research activities.

Your personal data will also be used for the purpose of providing references, if requested, and information on your progression may be disclosed to an organisation providing you with financial support (e.g. your employer), unless you advise us otherwise in writing addressed to the Quality Assurance Officer, who holds all students records.

By signing this declaration you agree to the processing of your personal data as described above. You also confirm that, as far as you are aware, the enrolment particulars are correct and that you have read and agree to abide by the regulations of the Falkland Islands Training Centre. Failure to comply with the regulations may result in disciplinary action and the possible exclusion from your studies. The Falkland Islands Training Centre are entitled to suspend or expel a student from a course, where it is considered that they pose a risk to the welfare of staff and/or other students. You also agree to accept responsibility for fees due if someone who has undertaken to pay them on your behalf fails to do so.

Students Signature	<input type="text"/>	Date	<input type="text"/>
Enrolment Officer	<input type="text"/>	Date	<input type="text"/>

Office Use only

Name of Tutor _____	Type of ID shown _____
Training Venue location _____	Photocopy of ID made YES NO
Invoice required YES NO	Induction required YES NO
Invoice Number _____	Date of induction ____/____/____
Date payment received _____	Examination Required Yes No
Joining instructions sent YES NO	Date exam booked ____/____/____
Date sent ____/____/____	Date of Exam ____/____/____