



COURSE DETAILS

Course Name _____ Start date _____

PERSONAL DETAILS

Surname _____ Address _____
Forenames _____
Mr/Mrs/Miss/Ms _____
D.O.B _____
Nationality _____
Mobile Number _____
Home Number _____
Email _____ Post Code _____
Next of Kin _____
Next of Kin contact number _____

LEARNER SUPPORT

(Please tick if any of the following relate to you)
 I have learning difficulties, disability or health problems which is relevant to the course
 I have colour blindness

QUALIFICATIONS ATTAINED

Current Qualifications (please tick) Date achieved:
 Level 2 Diploma/Certificate in Electrical Installations _____
 Level 3 Diploma/Certificate in Electrical Installations _____
 Level 3 NVQ in Electrotechnical technology _____
 Other Electrical qualifications (please specify below) _____

ADDITIONAL INFO.

Please state how you heard about us? (Google, Facebook, friend etc)

| | |
|-----------------|------------|
| Signature _____ | Date _____ |
|-----------------|------------|

Please make all cheques payable to Electrical Courses Ltd and send with a completed booking for to:
Unit 10, South Cambridge Business Park, Sawston, CB22 3JH.
Please note that all payments are non-refundable.

DATA PROTECTION POLICY

Electrical Courses Ltd will not share your information with any other organisation. We will use your information to assess your abilities and recommend courses for you to take part in. In the event of cancelling or changing pre-booked course we will use this information to contact you.