

PSD
Professional Support & Development Ltd

COURSE APPLICATION FORM

Course Title: _____
Course Dates: _____ Course Fee: _____ Deposit Fee: £ _____ (Enclosed)
Who will sponsor your fees?: _____
(Please specify and name the Sponsor)

1. Personal Details:

Title: (Dr / Mr / Mrs / Ms / Miss) _____ Surname: _____
First Names: _____ Known as: _____
Male/Female: _____ Maiden Name: _____
UK Address: _____ **Date of Birth:** _____
_____ Daytime telephone: _____
_____ Evening: _____
Post Code _____ Mobile: _____

2. Next of Kin: *(In the event of an emergency, who do we contact)*

Name _____ Relationship: _____ Contact No. _____

3. Special Needs / Disability or Health:

Do you have a disability or health condition that we need to know about in order to ensure that you are fully supported on the course? **Yes** **No**
If yes, please provide details and how help should be given: _____

4. Equal Opportunities Policy:

To help us monitor our Equal Opportunities Policy, please tick which you consider to be most appropriate to describe yourself:

Bangladeshi _____ Black African _____ Black Caribbean _____ Black Other _____
Chinese _____ Indian _____ Pakistan _____ Turkish _____
White British _____ White Irish _____ White Other _____ Other _____
Country of origin _____ Language spoken _____

Please specify if help is needed with language e.g. ESOL classes _____

5. UK Work placement Details (If already in a placement e.g. Nursery, School, Care Home, Hospital: Age group)

6. How did you find out about PSD Ltd Training Courses?

Signed: Date: