**Level 3 - Scheduled Courses - Application Form**

Please complete **ALL sections in FULL**, for this application to be processed. Once completed, please email to training@avensysmedical.co.uk

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| **Course** |
| Course Title: | Course Date: |
| **Learner Details** |
| Title: Mr/Mrs/Miss/Ms (Please circle) | DOB: | GENDER: M / F(Please circle) |
| First Name: | Surname: |
| Home Address: |
| Town: | Postcode: |
| Email:Emergency contact: Contact number: | Do you give permission to be added to our mailing list?Yes NoIf you wish to **opt-out** of receiving information from all divisions of Avensys UK Ltd  please click Unsubscribe  and send a quick email to training@avensysmedical.co.uk and we will remove all your personal details from our records. |
| Present Position (Description and responsibilities): |

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| **Accommodation and Catering** |
| (Accommodation can be booked at an additional cost, if required, you will be sent a booking reference)Do you require accommodation for the course duration: Yes □ No □Accommodation comprises B&B and evening meal at our partner hotel. Bookings will commence the night before the course start unless requested otherwise. |
| **Do you have any dietary requirements?** Yes □ No □ If yes, please provide details: ……………………………………………………………………………….. Lunch and refreshments are provided on site during the course. |

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| **Additional Information** |
| **What is your age group:** 19-29 30-39 40-49 50-59 60+ (Please circle) |
| **What is your Ethnic Group:****A White** English □ Welsh □ Scottish □ Northern Irish □ British □ |
| **B Mixed/ Multiple ethnic groups:**White & black Caribbean □ White & black African □ White & Asian □ |
| **C Asian/ Asian British:**Indian □ Pakistani □ Bangladeshi □ Chinese □ |
| **D Black/African/Caribbean/Black British:**African □ Caribbean □ **E Any other ethnic group** (Please state:)…………………………………………………. **F. I prefer not to say : □** |

Do you consider that you have a disability: Yes □ No □

If yes, please provide details so special arrangements can be made: ………………….……………

 Please indicate if you have any additional needs, and please give any details which may necessitate special arrangements or facilities…………………………………………………..

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|  **Proposer Details** |
| If your employer/trust is paying the course fee, then **they must** complete the following section **in full.**If you are paying directly, then please fill in and sign. |
| Name: Position: |
| Company/Hospital/Trust: |
| Address: |
| Town: | Postcode: |
| Email: | Authorised Signature: |

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| **Payment Details** |
| Course Cost |  | Preferred payment method: |
| Accommodation |  | Cheque | Bacs |
| VAT @ 20% |  | PO- Please email to: training@avensysmedical.co.ukPO to be raised within 7 days of application, an invoice will be raised following receipt of PO |
| **Total** |  |

 How did you become aware of Avensys Training?

 (Please Circle): (Website, Facebook, Twitter, Advert, Word of mouth, other)

**Waiver / Consent**

I hereby **give / do not give (please circle)** consent to Avensys UK Training Ltd to film and /or photograph myself during training. I confirm that Avensys UK Training Ltd is permitted to reproduce photographs/video footage featuring my image to be used for any promotional and marketing materials relevant to Avensys UK Training Ltd.

I understand that promotional materials bearing images of myself may be distributed for free to the public and posted on the Avensys UK Training Ltd website. I understand that these images will not be sold to other parties.

Avensys UK Training Ltd reserves the right to use any photo or likeness. I agree that in signing I have no claim against Avensys UK Training Ltd or against anyone accessing this publication, whether online or in print.

 Please sign and date this application to confirm that you accept our Terms and Conditions.

 Name……………………………Signature……………………………………Date……………

 Please check this application and email to training@avensysmedical.co.uk

By post: Avensys UK Training Ltd, Frederick Road, Hoo Farm Industrial Estate, Kidderminster, Worcs. DY11 7

Upon receipt of this application you will be contacted directly to confirm your place on the course.

Please bring your ID with you on the first day of the course so we can clarify your details for registration purposes.

**Form of ID:** Passport □ Driving Licence □ Other □ …………………………………

**ID reference: ….……………………………………………**

**Staff Name Confirmed ID** ……………………………………………..

**Privacy Notice**

*Avensys UK Training Ltd collects information about learners for administrative, academic and health and safety reasons. For the Training Academy to operate efficiently it needs to process this information. Your consent to process such information is therefore a requirement****before we are able to register you as a learner / apprentice.***

*I agree that Avensys UK Training Ltd may process personal data contained in this form for any purposes connected with my studies or my health and safety or for any other legitimate reason. In respect of sensitive data, I understand that this form will be used only for the purposes set out in this statement above. My consent is conditional upon Avensys UK Training Ltd complying with its obligations and duties under the EU General Data Protection Regulations.  I hereby grant Avensys UK Training Ltd, authority to release information relating to my academic status to the Education and Skills Funding Agency or awarding bodies: - Pearson and Open College Network West Midlands.*

