**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](mailto:training@avensysmedical.co.uk)

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| **Course** | | | |
| Course Title: Choose an item. | | Course Date: Click or tap to enter a date. | |
| **Learner Details** | | | |
| Title: Choose an item. | DOB: Click or tap to enter a date. | | GENDER: Choose an item. |
| First Name: Click or tap here to enter text. | Surname: Click or tap here to enter text. | | |
| Name to be shown on certificate: Click or tap here to enter text. | | | |
| Home Address: Click or tap here to enter text. | | | |
| Town: Click or tap here to enter text. | Postcode: Click or tap here to enter text. | | |
| Email: Click or tap here to enter text.  Contact number(s): Click or tap here to enter text.  Emergency contact name: Click or tap here to enter text.  Emergency contact number: Click or tap here to enter text. | Do you give permission to be added to our mailing list?  Choose an item.  If you wish to **opt-out** of receiving information from all divisions of Avensys UK Ltd  [please click Unsubscribe](mailto:info@avensysmedical.co.uk?subject=UNSUBSCRIBE%20(opt-out%20of%20receiving%20information%20from%20Avensys))  and send a quick email to [training@avensysmedical.co.uk](mailto:training@avensysmedical.co.uk) and we will remove all your personal details from our records. | | |
| Present Position held (Please provide a brief description of role and responsibilities): Click or tap here to enter text. | | | |

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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: Choose an item.  Please specify check-in date\*: Click or tap to enter a date.  Please specify check-out date: Click or tap to enter a date.  Accommodation comprises B&B and evening meal at our partner hotel.  \*We recommend that you arrange your accommodation to commence the evening prior to the course start date. |
| **Do you have any dietary requirements?** Choose an item.  If yes, please provide details: Click or tap here to enter text.  Lunch and refreshments are available on site during the course. |
| **Avensys Training endeavour to make reasonable adjustments to accommodate the access/inclusion requirements of our learners. I understand that it is my responsibility to notify Avensys Training in order that reasonable adjustments can be taken into consideration, where required.**  **Please select ‘Not Applicable’ to indicate that you do not require any adjustments to be considered.**  **If more than one health issue or learning difficulty applies, please give full details in adjustments required box below:**  Choose an item. |
| **Please give further details of any adjustments required:**  Click or tap here to enter text. |

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| **What is your Ethnic Group?** | |
| **A. White** Choose an item. | |
| **B. Mixed/ Multiple ethnic groups:** Choose an item. | |
| **C. Asian/ Asian British:** Choose an item. | |
| **D. Black/African/Caribbean/Black British:** Choose an item.  **E. Any other ethnic group** Choose an item.  **F. I prefer not to say :** Choose an item. | |
| **How did you become aware of Avensys Training?** Choose an item.  How | |
| **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 complete and sign yourself. | |
| Name: Click or tap here to enter text. Position: Click or tap here to enter text. | |
| Company/Hospital/Trust: Click or tap here to enter text. | |
| Address: Click or tap here to enter text. | |
| Town: Click or tap here to enter text. | Postcode: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Authorised Signature:Click or tap here to enter text. |
| |  |  |  | | --- | --- | --- | |  | | | | Course Cost |  | A Purchase Order is required within 7 days of application, an invoice will be raised following receipt of your PO.  Please forward your purchase order by e-mail to: [training@avensysmedical.co.uk](mailto:training@avensysmedical.co.uk) | | Accommodation Cost |  | | VAT @ 20% |  |  | | **Total** |  | | |  |

**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](mailto:training@avensysmedical.co.uk)

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 can 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 AIM Qualifications West Midlands.*

A screenshot of a computer

Description automatically generated with low confidence