

**REGISTRATION FORM**

Date registered: \_\_\_\_\_

**Please write in block capitals**

Referral: \_\_\_\_\_ Awarding Body: \_\_\_\_\_ Reg. No: \_\_\_\_\_

Course Title: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Course Title: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**A. Personal Details**

1. Title: \_\_\_\_\_ First-name: \_\_\_\_\_ Last name: \_\_\_\_\_

2. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  National Insurance No \_\_\_\_\_

3. Home Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

4. Email address: \_\_\_\_\_ 5: Home & Mobile: \_\_\_\_\_

6. Emergency Contact Name & Tel number \_\_\_\_\_

**B. Ethnicity**

**White:** White – British  Irish  Traveller of Irish Heritage  Any Other White Background

**Black:** African  Caribbean  Black – British  Black – Asian  Black Other

**Asian:** Bangladeshi  Indian  Pakistani  Any Other Asian

**Mixed:** White and Black African  White and Black Caribbean  White and Asian  Mixed Other

**Other Ethnic Group:** Vietnamese  Chinese  Orthodox Jewish  Kurdish  Greek/ Cypriot   
 Turkish/ Turkish Cypriot  Polish  Ethnic Other  Please specify: \_\_\_\_\_

**Other EEA Nationals:** Icelanders  Liechtenstein  Swiss  Norwegian  Bulgarian

**C. Learning Support – Will you be requiring the following support to aid your learning?**

Crèche facility  English language needs  Translation  Literacy  Numeracy

**D. Disability:**

Visual impairment  Hearing impairment  Disability affecting mobility  Mental health difficulty   
 Temporary disability after illness  Other physical disability  Profound complex disabilities   
 Asperger's syndrome  Other medical condition (asthma, diabetes, epilepsy)  Multiple disabilities   
 Emotional/ behaviour difficulties  Other  No disability

**E. Learning Difficulty – It helps us to provide the additional support you need to succeed on your course.**

Moderate learning difficulty  Severe learning difficulty  Multiple learning difficulties  Dyslexia   
 Autism spectrum disorder  Dyscalculia  Other specific learning difficulty  No Learning difficulty

**F. Income Status - Please tick which of the following support you currently receive**

Job Seeker's Allowance  
  Pension  
  Income Support  
  Working/Child's Tax Credit  
  Unemployed  
  Refugee/Asylum Seeker  
  Disability Allowance  
  Self-employed  
  Skills for Life excl. ESOL  
  Spouse's Dependency  
  Employed  
  Student  
 Name of Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**G. Prior Qualification - Please state the highest level of education that you have received:**

Qualification (e.g. GCSE)	Grades (e.g. Maths [C], English [B] )	Date Achieved

**H. Advertisement - How did you hear about Zurbel Training? (Please tick)**

Friend  
  Newsletter  
  Prospectus  
  Job Centre  
  Staff  
  Internet  
  Website  
  Connexion  
 Referral / Organisation (Please state) \_\_\_\_\_

**I. Payment**

Course Fee:£\_\_\_\_\_  
 Registration Fee:£\_\_\_\_\_  
 Examination Fee:£\_\_\_\_\_  
 Certificate Fee:£\_\_\_\_\_  
 BACs  
  Account No: \_\_\_\_\_  
 Sort Code: \_\_\_\_\_  
 Name of Bank: \_\_\_\_\_  
 VISA Debit/Credit  
  Master Card  
 Cheque/Poster Order payable to Zurbel for the sum of £ \_\_\_\_\_  
 Part Payment (Deposit): £ \_\_\_\_\_  
  CASH/Cheque: £ \_\_\_\_\_  
  Instalments: £ \_\_\_\_\_

**J. Data Protection Statement**

Zurbel Training service is registered under the Data Protection Act 1998. The information supplied on this form will be retained by Zurbel Training and the providers with whom you study. The information will also be forwarded to our funder. The funder is responsible for funding, planning and encouraging education and training for young people and adults in England. The information you provide will be shared by our funder to other organisations for the purpose of administration, careers and other guidance and statistical and research purposes. Other organisations with which the funder will share information include the Department for Education and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of our funder or its partners. Funders also administer the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN). No one except the Zurbel's monitoring team and the funder will have access to the above information. After leaving the course you may be contacted by mail or phone to take part in surveys by the funders and its partners and to monitor your progression or to be informed of future courses by Zurbel training which may be of interest to you.

**K. Declaration - I have read and consent to Zurbel Training retaining and sharing the information supplied on this form in accordance with the Data Protection Statement above.**

**Signature (Learner):** \_\_\_\_\_ **Date** \_\_\_\_\_ :

**Assessor/Tutor's Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider/ Tutor - I confirm that I have seen proof of learner's benefits)**

**Note to providers:** Please send the original of the completed registration form to Zurbel Training at the end of every enrolment period, addressed to: