**CANDIDATE REGISTRATION FORM**

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| **CANDIDATE DETAILS** |
| **Surname:** |  |
| **First Name(s):** |  |
| **Preferred Name:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Home Address:****(Including postcode)** |  |
| **Home Telephone No:** |  |
| **Mobile Telephone No:** |  |
| **Email Address:** |  |
| **Emergency Contact Details:** |  |

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| **QUALIFICATION APPLIED FOR** |
| **Qualification Name:** |  |
| **Units / Endorsements:** |  |
| **Trainer Name:****(If Applicable)** |  |

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| **EXISTING QUALIFICATIONS (IF APPLICABLE)** |
| **Pre-requisite qualifications (if applicable)** |  |
| **City & Guilds NPTC candidate number (if known)** |  |

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| **Do you require any reasonable adjustments?** | Yes/No |
| **If yes, please specify** |  |

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| **DECLARATION** |
| **Photo supplied (if applicable)** | Yes/No |
| **Learner notice** | You can find information about your rights as a data subject and how City & Guilds protect your data in their privacy policy here: <https://www.cityandguilds.com/help/help-for-learners/learner-policy>  |
| **Candidate Signature:** |  |
| **Date:**  |  |

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| **Please return completed form to:** |  |