

PSD
Professional Support & Development Ltd

COURSE APPLICATION FORM

Course Title: _____

Course Dates: _____ Time: _____ 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: _____ Daytime telephone: _____

_____ Evening: _____

Post Code _____ Mobile: _____

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

Name: _____ Relationship: _____ Contact Number: _____

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, Playcentre and age group)

How did you find out about PSD Ltd Training Courses?

Please send form back to:

PSD Ltd, 5 Mottingham Road, London N9 8DX Tel/Fax 020 8364 7700 Mobile 07871 487597