

**AAT Qualification or Module:** Please complete and hand in to Nishkam Centre reception or email to [learning@ncauk.org](mailto:learning@ncauk.org). Please note your place on the course can only be confirmed once payment has been made in full and subject to class size. Some course may be subject to a successful initial assessment.

Please complete all sections of this form in capital letters.

<b>Surname:</b>	<b>Title:</b>
<b>Forename:</b>	<b>Middle Name:</b>
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Telephone Number:</b>	<b>Mobile:</b>
<b>Email:</b>	

<b>Gender:</b>	Male / Female
----------------	---------------

**Emergency Contact (if you are under 18 this must be your parent, guardian or carer):**

<b>Name:</b>	<b>Telephone Number:</b>
<b>Address:</b>	
<b>Relationship to you:</b>	

**Please tick the box that applies to you:**

<b>Employed:</b>	<b>Student:</b>
<b>Unemployed:</b>	<b>Other, please state:</b>
<b>Retired:</b>	

**What is the highest level of qualifications you already have?**

Year	Type of Exam/Awarding Body	Subject/Qualification	Grade	Tutor/Adviser

**Ethnic Origin**

Pakistani	Indian	Black	African
Bangladeshi	Sikh	Black Caribbean	White
Kashmiri	Asian Other	Black Other	Other Origin (Specify):
Pakistani	Indian	Black	

**Do you require any adjustments due to disability or other reasons? Please specify**

**Please explain in a few words, why you want to enrol onto the course and what your personal objectives are:**

### **Learning Agreement**

**Start Date:**

**End Date:**

**Hours/Week:**

Data Protection Act 1998 – The information that you provide may be used for funding, planning and encouraging education and training for young people and adults in England and is registered under the Data Protection Act 1998. I declare that the information I have given is correct. I agree to abide by Centre regulations and to inform the Centre of any changes in my address or status. I understand that if I breach any of the Centre policies and procedures, I may be subject to the Centre disciplinary procedure. I also understand that if I withhold any information which is later found to have been detrimental to me or any other person at the Centre then I may also be subject to the Centre disciplinary procedure.

I confirm that I have received information and guidance on the course/s I am enrolling on. I understand course payment must be made in full before the start of the course or in accordance with the agreed payment plan. Failure to pay course fees may result in exemption from attending the present course and any future courses. The course fees and deposit are valid only for the person, course(s) and dates specified on the application form.

**Signed:**

**Date:**

### **STAFF USE ONLY**

**Course Fee:**

**Payment Received:**      **Cash**      /      **Cheque**      /      **Card**

**Amount Due:**                      **Amount Paid:**                      **Balance:**

**Receipt No.:**

**Evidence of Identity:**

**Passport**      /      **Driving Licence**      /      **Birth Certificate**      /      **Other:**

**Comments:**