Learner Registration Form

Please complete form in block letters

please photocopy as necessary

First Name

Family Name

Date of birth (needed to register you with City & Guilds) Gender

Name/address of workplace

Postcode

City & Guilds registration number (if you have one)

Organisation Tel Direct Contact No

Your Email:

Organisation Name: Your Role/Title Qualification to be enrolled for:



Diploma

Certificate

Award

Units only (quantity )

Qualification Title

Pathway (if appropriate)

Level:

Entry 1

2 3 4 5

Assessment Agreement discussed and agreed by:

Name of Learner Signature

Name of Assessor Signature

Name of Internal Verifier / IQA Signature

Name of Development Office Signature

Please complete the following to help the centre monitor its equal opportunity policy.

Have you any particular requirements which would have to be met in order to undertake this award?

Please tick box: Cheque included

*Please note learners will not be registered until payment is received.*

Please invoice

# Please return this completed form along with, the ULN Registration form form & the Data Protection Privacy Consent form to:

**the Initial Assessment**

# ARC Training Services, ARC House, Marsden Street, Chesterfield, Derbyshire S40 1JY

ATS Form **Q1- V1** 22/03/2021