

Learner Registration Form



Please complete form in block letters

please photocopy as necessary

Given First Name (as on birth certificate) _____

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 invoice

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

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

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