

Course Application Form

Surname: _____ Gender: _____
 Forename: _____ Date of Birth: _____
 Address: _____ Daytime Tel No: _____
 _____ Evening Tel No: _____
 _____ Mobile No: _____
 Postcode: _____
 Email: _____

Please list any qualifications you hold that may relate to the course(s) you have chosen:

Title of qualification	Level	Awarding Body

How did you hear about this course?

Search engine: _____ Third Party website: _____
 Press Advert: _____ Email from CMS: _____
 Recommendation: _____ Other: please specify _____

I wish to book a place on the following Course(s)

Course Title / Package	Start Date	Venue	Cost
			£
			£
			£
			£
			£
			£
			£
Total Cost of Course(s) / Module(s):			£

Please indicate if there is any additional support required or information we should be aware of. E.G Learning difficulty/ disability/ difficulty with mobility, specific learning equipment etc.

Equal Opportunities Monitoring Form

CMS Vocational Training strives to operate a policy of equal opportunity and not discriminate against any person. To help us monitor this, will you please provide the information requested. The information you provide will only be used for monitoring purposes.

The completion of this form is entirely optional, applicants who would rather not submit this information at this time, or indeed in the future should simply return the blank form to us with their completed application form.

How do you identify your ethnic group? Please select.

Group 1: Select all from group 1 that apply

Arab: Asian: Black: Chinese:
Middle eastern descent: White: Other: _____

Group 2: Select the main one from group 2

African: Arab: Bangladeshi: British: Caribbean:
Chinese: Indian: Iraqi: Irish: Kurdish:
North African: Pakistani: Other: _____

When you return this form along with your application form, this page is removed and sent directly to the HR department, where it will be stored for monitoring purposes. The Equal Opportunities monitoring form will not be seen by any persons other than those responsible for collating the information.

First Name(s): _____

Surname: _____

Gender: _____

Sexual Orientation: _____

Religion: _____

Are you disabled? _____

Do you present Full or Part time in a gender role that differs from the gender assigned to you at birth? _____

Date: _____

Payment Details

Name: _____

Total Course(s) fee: £ _____

Deposit* / Payment enclosed: £ _____

Balance remaining: £ _____

I am paying by cheque in full (payable to CMS Vocational Training Ltd)

I am paying in full by Debit/Credit card

I have enclosed a deposit* of £ _____ and will pay my full balance 4 weeks before the start of my course.

I have enclosed a deposit* of £ _____ and wish to pay the remainder by monthly instalments.

My course fees are being paid for by my employer and I have attached an official purchase order.

*(minimum deposit of 30% applicable only if total course fee above £300)

Credit/Debit Card Details

Card Number:

Expiry Date: _____ Issue Date: _____

Name on Card: _____

Security number: (3digits) _____ Issue Number: (if stated) _____

Card Type: (please circle) Visa / Visa Debit / Mastercard / Maestro / Solo

Which date you would like your Standing order to come out on each month? _____

Number of Instalments: _____

I authorise the above, as detailed, and certify that the information stated herein is true and correct. I irrevocably and unconditionally consent to the use of my personal information as required by the Data Protection Acts 1988-2003, and in particular the disclosure of my information to any credit reporting agency for the purposes of listing a default should I default in payment of any accounts. I have read and understand the TERMS AND CONDITIONS OF TRADE (on reverse) of CMS Vocational Training Limited which form part of, and are intended to be read in conjunction with this course application form and agree to be bound by these conditions.

I authorise CMS Vocational Training Ltd to charge the amount shown above to my Credit/Debit card

	Client to sign		CMS to sign
Signature:	_____	Signature:	_____
Name:	_____	Name:	_____
		Position:	_____
Date:	_____	Date:	_____

Return this form to 'CMS Fitness Courses' at the address on the top of the page.