



COURSE APPLICATION FORM

Please use block capitals

NAME:

ADDRESS:

.....

DATE OF BIRTHDD / MM / YYYY

TELEPHONE:

MOBILE:

E-MAIL:

Please send a copy of your CV with this application form and state when you would like to start the course.

COURSE START DATE:.....

I confirm the payment of my deposit in the sum of £600.00 inc. VAT

Remaining balance to be paid on commencement of course.

We require two weeks notice of cancellation. Deposits are not refundable after this time.

Signed.....Date.....