

NFPS Ltd - Course Enrolment Form

Send your completed form to: NFPS Ltd, 13 Yew Tree Road, Hayling Island, Hants PO11 0QE. OR Fax the form with your payment details on: (FAX) 02392 460816 OR e-mail your completed form to us at: markdawes@nfps.info

COURSE/S FOR WHICH YOU WANT TO ENROL:

Name of Course	Course Date	Cost Per Person	No. of Places Req.	Total Amount Payable
NFPS Restraint Instructors Qualifying Course	15 th -19 th Sept 2008	£1410.00 (£1200.00 + Vat per person)		

YOUR DETAILS [Please write clearly]:

First Name		Last Name	
Title			
Age		D.O.B	
Company			
Position			
Address 1			
Address 2			
Address 3			
Address 4			
Post Code:			
Contact Tel. No:			
Email Address:			

ETHNIC ORIGINS			
<input type="checkbox"/> England	<input type="checkbox"/> Scotland	<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Ireland	<input type="checkbox"/> India	<input type="checkbox"/> China	<input type="checkbox"/> Jamaica
<input type="checkbox"/> Wales	<input type="checkbox"/> Pakistan	<input type="checkbox"/> Africa	<input type="checkbox"/> Any Other:

HOW DO YOU WISH TO PAY:	
<input type="checkbox"/>	Cash (If sending cash by post please use a Special Delivery Envelope)
<input type="checkbox"/>	Cheque: (payable to NFPS Ltd.)
<input type="checkbox"/>	Invoice to Employer: (Please complete section below)
<input type="checkbox"/>	Bank Standing order installments - (form sent on request)

INVOICING DETAILS (If different from above) [Please write clearly]:

First Name		Last Name	
Title	Mr / Mrs / Miss / Ms. / Dr. / etc		
Company Name			
Position			
Address 1			
Address 2			
Address 3			
Address 4			
Post Code:			
Contact Tel. No:			
Contact Fax No:			
Contact e-Mail:			
Purchase Order No:			
Name of Person Attending			
Name of Person Attending			
Name of Person Attending			

SPECIAL SUPPORT / ASSISTANCE	ANY COMMENTS
<input type="checkbox"/> I have no special needs	
<input type="checkbox"/> I may need help with reading, writing or course work	
<input type="checkbox"/> I am dyslexic	
<input type="checkbox"/> I am a wheelchair user or have mobility difficulties	
<input type="checkbox"/> I have: <input type="checkbox"/> epilepsy <input type="checkbox"/> diabetes <input type="checkbox"/> asthma	
<input type="checkbox"/> Other: Please specify:	

FITNESS ASSESSMENT (PHYSICAL SKILLS COURSES ONLY)	
Have you ever been diagnosed as having, currently experiencing, or on medication for any of the following:	
<input type="checkbox"/> Back Injury / Impairment	<input type="checkbox"/> Arm / Wrist Injury / Impairment
<input type="checkbox"/> Neck Injury / Impairment	<input type="checkbox"/> Knee / Leg Injury
<input type="checkbox"/> Hernia	<input type="checkbox"/> Hip Injury / Impairment
<input type="checkbox"/> Heart Condition / Impairment	<input type="checkbox"/> Angina
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Asthma
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Are you currently pregnant?	<input type="checkbox"/> Do you wear contact lenses?
Please give more specific details:	

DATA PROTECTION DECLARATION
NFPS Ltd. needs to hold certain personal information about students. Information will be held in accordance with the Data Protection Act 1998. Personal data will be used for a variety of purposes that NFPS Ltd considers to be of benefit to students including (but not restricted to) monitoring performance, statistical reporting, awarding qualifications and provision of services. Agreement to the processing of personal data is a condition of acceptance onto any course. By applying for a course you signify your agreement to this processing.
You should note in particular that:
<ul style="list-style-type: none"> ▪ You are agreeing to NFPS Ltd releasing appropriate information to relevant third parties such as BTEC / Edexcel, employers, prospective employers, providers of training contracts and other appropriate organisations or individuals. This may include providing references on your behalf or information relating to your performance. ▪ Sensitive Personal Data (as defined under the Act) will not be disclosed without your specific consent.
Information will not be released to third parties for marketing purposes.

POSTPONEMENT OR CANCELLATION OF CONFIRMED BOOKING				
Should course be cancelled by the course sponsor/booking agency prior to the course commencing once confirmed the following sliding scale of charges will apply:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">28 days prior to course date</td> <td style="width: 50%;">75% fees due payable</td> </tr> <tr> <td>14 days prior to course date</td> <td>100% fees due payable</td> </tr> </table>	28 days prior to course date	75% fees due payable	14 days prior to course date	100% fees due payable
28 days prior to course date	75% fees due payable			
14 days prior to course date	100% fees due payable			

DECLARATION		
I declare that I have answered all of the above questions accurately, I am fit and able to undertake the training and that it is my responsibility to make the instructors aware of any medical condition / ailment / and medication that is current.		
NAME (PRINT)	SIGNATURE	DATE