|  |  |
| --- | --- |
| **Admission Application Form**  | C:\Users\c bay\Desktop\dp fb.jpg |
|  |  |  |  |

*Please complete in typescript or black ink and return to info@lctd.co.uk*

|  |  |
| --- | --- |
| Qualification Title |  |
| Start Month |  |
| Title (Miss/Mr etc.) |  |
| Learner First Name(s)(As per passport) |  |
| Learner Middle(As per passport) |  |
| Learner Family/Surname(As per passport) |  |
| Passport Details | Passport No:   | Issued and expire dates: | Place of Issues:   |
| Learner Full Name |  |
| Current Home or Work Address: |  |
|  |
| Country:  |  | Post Code: |  |
| Email Address: | *(Please note: You must enter a valid email address. This is important as all communication(s) relating to your application and studies with us will be made through this email)* |
| Date of Birth (DD/MM/YYYY): |  |
| City of Birth: |  |
| Country of Birth: |  |
| Nationality: |  |
| Country of Permanent Residence: |  |
| Telephone Number with the country code: |  |
| Mobile Number with the country code: |  |
| **PERSONAL STATEMENT** |
| Minimum 350 words and Maximum 600 words - Please use the space below for summarising your academic interests and your reasons for choosing your intended course of study. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACADEMIC HISTORY**Please write your highest level of the qualification in the following section. Attach your up-to-date CV details of other educational achievement.

|  |  |
| --- | --- |
| Name of the Institution |  |
| Country |  |
| Qualification Completed |  |
| Grade Achieved |  |
| Start Date (DD/MM/YYYY) |  |
| End Date (DD/MM/YYYY) |  |

**CAREER HISTORY**Please give details of relevant employment and/or professional experience – the most recent, please attach a CV.

|  |  |
| --- | --- |
| Job title |  |
| Name of Employer |  |
| Address and Country of Employer |  |
| Job responsibilities  |  |
| Start Date (DD/MM/YYYY) |  |
| End Date (DD/MM/YYYY), if it is a current job just type 'current' |  |

**Employer/Sponsor Reference**Please reference (Employer)

|  |  |
| --- | --- |
| Name of the referee  |  |
| Job Title |  |
| Company Name |  |
| Address and Country of Employer |  |
| Email address  |  |
| Telephone or Mobile Number |  |

**OTHER INFORMATION** |
| A disabled person is defined under the Equality Act 2010 as someone with a *'physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.'* |
| **Do you consider yourself to be disabled under the Equality Act 2010**? Please mark 'X' in the appropriate box. |
| YES  |  | NO |  |
| PREFER NOT TO SAY |  | DON'T KNOW |  |
|  |
| **Do you have any medical conditions or temporary disabilities that may affect your contribution to this course?** | Yes / No |
| **Details:** |
| **Is English your First Language? Yes / No** |

**FEES AND FINANCES**

|  |  |  |
| --- | --- | --- |
| Qualification Title | Total Fees | Pay Fees with your name as reference |
|  |  | Account Name: London Centre for Training and DevelopmentBank Name: Lloyds Bank, Bank Address: London, UK.Sort Code: 30-91-91Account Number: 26448060IBAN: GB80LOYD30919126448060Swift/BIC Code: LOYDGB21456 |

**How will you pay fees?**

**Select one option**

|  |  |
| --- | --- |
| Payment in local currency directly TO ACCREDITED PARTNERS/ LCTD ACADEMY  |  |
| Debit / Credit Card |  |
| Bank Transfer/Payment by Friend directly to LCTD, UK |  |

**DECLARATION**

I confirm that the information in this application (and supporting documents) is true and correct to the best of my knowledge and belief. By completing this Application Form, the applicant gives consent to London Centre for Training & Development and its accreditation awarding body relating to this course to access this personal data, including in some cases sensitive personal data, as defined in the Data Protection Act 2018.

London Centre for Training & Development will use this data to process this application and for other administrative purposes relating to this application. This personal data may also be shared with and used by third parties in connection with this application, for example to verify applicant's identity, qualifications, work experience and other information that the applicant provides. Some of these third parties may be located outside the UK (including outside the European Economic Area). By submitting your application, you will be deemed to be giving your consent to the processing and use of your data as set out in this paragraph.

Print Full Name:

Date:

**SUBMIT YOUR DOCUMENTS**

Please return this completed application form with a scanned copy of your passport, CV and/or previous qualifications to info@lctd.co.uk or admin@lctd.co.uk

**Or Post your application to**

Admission Team

London Centre for Training & Development

**Tower House,**

**Lewisham High Street,**

**London, United Kingdom,**

**SE13 5JX**



**London Centre for Training and Development**

**REGISTRATION & ACCREDITATIONS**

Company registered in England No: 10478477

VAT REG. Number: 306906506

Centre Number for OTHM Qualifications: DC2001384

Centre Number for Highfield Awarding Body for Compliance: 15117

UKLRP Number: 10062529

ICO Number: ZA448567

ASIC Accreditation Number: AS58287/1018

**CONTACT US**

Tel: 009448006894834

Mobile: 009447413043871

info@lctd.co.uk

[www.lctd.co.uk](http://www.lctd.co.uk)