



Admission Application Form

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:	<p><i>(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)</i></p>		
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 Development
		Bank Name:	Lloyds Bank,
		Bank Address:	London, UK.
		Sort Code:	30-91-91
		Account Number:	26448060
		IBAN:	GB80LOYD30919126448060
		Swift/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

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www.lctd.co.uk