CANDIDATE REGISTRATION FORM

SR SRUC Centre Number 741198

Please complete this form in **BLOCK CAPITALS** and return to: Training Team, SRUC Elmwood Campus, Carslogie Road, Cupar, KY15 4JB



Email: ElmwoodTrainingServices@sruc.ac.uk 01334 658868

| Darcanal | Data:1. | |
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| Personal Details | | | | | | | | | | | | |
|---|--------------------------------|--------------------------------|-----------------|----------------|--------------------------------|---------------|----------|-------------|---------|----------|-----------------|---------|
| Title(Mr/Mrs/Ms/Miss, | 'Other) | ner) Surname | | | | | F | irst Nam | e | | | |
| DOB(DD/MM/YYYY) | | Home Address: House Name or Nu | | | | | | | | | | |
| Address Line 1 | | | | | Addre | ss Line 2 | | | | | | |
| Town | | | County | | | | | | Pos | tcode | | |
| Place of Birth | | Country of Birth | | | | Nati | | | | , | L | |
| Contact Telephone N | | | | | Mobile Nu | | | | | | | |
| Maiden Name (surn | ame) | | | Previous Pos | | | ostcod | e | | | | |
| Candidate Signature | | | | | | | | Date | e | | | |
| Equal Opportunities | Informatio | n | | | | | | _ | L | | | |
| Do you have any pa which may affect yo | | | • | • | | | or exam | | | - Icaiii | The difficult | |
| Training Information | 1 | | | | | | | | | | | |
| Training Provider | SRUC | | | Instru | Instructor Name | | | | | | | |
| Qualification Details | (This inforr | mation can l | be found on t | he City and | l Guilds | Guidance Do | ocumen | nt) | | | | |
| Qualification Group Name | | | | | Qualification Programme Number | | | | | | | |
| Unit Number(s) | | | | | Endorsements (if required) | | | | | ı | | |
| Transport of Animal | s (Please in | dicate which | n categories y | ou are requ | uired to | hold below) |) | | | | | |
| Do you hold the app | | | | • | Yes | No | | | | | | |
| Species Short Journey | | | ey | | | | Long | Journey | / | | | |
| | | | | | | Driv | ver | | | A | ttendant | |
| Cattle | | | | | | | | | | | | |
| Cattle & Sheep | | | | | | | | | | | | |
| Sheep | | | | | | | | | | | | |
| Pigs | | | | | | | | | | | | |
| Poultry | | | | | | | | | | | | |
| Horses | | | | | | | | | | | | |
| Goats | | | | | | | | | | | | |
| Game Birds | | | | | | | | | | | | |
| esearch into the health of esticides, sheep dips or | of people like chainsaws. I | e you. HSE w f you are regi | vould particula | rly like to id | lentify ar | nd gain the s | upport o | of people v | who wor | k with a | iny of the foll | lowing; |

Yes - I am happy for NPTC to pass information on this form to HSE. I understand that it will be kept strictly confidential and used only for the purpose of health research and that I will not be identified in any reports or publications based on it.

DATA PROTECTION ACT 1998: Personal information regarding yourself held by NPTC, or their approved Assessment Centres, is retained and may be made available to certain statutory bodies in the United Kingdom in accordance with our Data Protection Policy. You are regarded as having given your full consent (where required by the Act) to the holding and disclosure of such information supplied to NPTC as a condition of your registration with NPTC. Our Data Protection Policy may be found in our Candidates Charter and on our website.