

Enrolment Form

Personal Information	
Full Name:	
Date of Birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address (including postcode):	
Phone Number:	
Email address:	
Course Selection	
Title of Course:	
Course code (if applicable):	
Preferred Start Date:	
Mode of Study:	a. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time b. <input checked="" type="checkbox"/> Online <input type="checkbox"/> In person
Educational Background	
Highest Qualification Achieved & Date:	
Name of Institution:	
Employment Details (if applicable)	
Current Employer:	
Job Title:	
Emergency Contact information	
Full Name:	
Relationship:	
Phone Number:	
Special Requirements	
Do you have any learning difficulties, disabilities or medical conditions we should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please give details	
Payment Information	
Method of Payment:	<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Other

Registered address: 6, Livingstone Road, Thornton Heath, Surrey, CR7 8JT Office: 119 Parchmore Road, Thornton Heath, Surrey, CR7 8LZ Company Reg: 10804275 (England & Wales) VAT number: 317741893

T.020 3302 2252

E. admin@palmstonesolutions.co.uk W. www.palmstonesolutions.co.uk



Palmstone Training Academy

Declaration:

I hereby declare that the information provided is true and accurate to the best of my knowledge. I have read and agreed to the academy's terms and conditions, including the refund policy.

Signature:

Date:

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