ENROLMENT FORM

To enable Deafinate Training to deliver your qualification it is important that the information you provide is accurate. This will also identify if we are able to offer you any relevant concessions. Please ensure you read each section fully and treat each question as mandatory

Please complete **and email to deafinate@hotmail.com**

COURSE TITLE:

COURSE DATE:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | MR  | MRS | MISS | MS |
| **Family surname** |  |  |  |  |  |
| **All forenames** |  |  |  |  |  |
| **Date of birth** |  |  |  |  |  |
| **National insurance number** |  |  |  |  |  |
| **Legal sex** | GENDER IDENTITY: | MALE | FEMALE |  |  |
| **Address (inc. postcode)** |  |  |  |  |  |
| **Telephone number** |  |  |  |  |  |
| **Personal email address** |  |  |  |  |  |
| **Nationality (as stated on your passport)** |  |  |  |  |  |
| **Have you lived in the UK in the last 3 years?** |  | YES | NO |  |  |
| **Are you an asylum seeker or refugee?** |  | YES  | NO |  |  |
| **Ethnic origin** |  |  |  |  |  |
| **Is English your first language?** |  | YES | NO |  |  |



|  |  |  |  |
| --- | --- | --- | --- |
| **Do you consider yourself to have a learning difficulty and/or disability and/or health problem?** | IF YES PLEASE SPECIFY: Visual loss Hearing loss Disability affecting mobility Profound complex disabilities Social & emotional difficulties Mental health difficulty Severe learning difficulty Dyslexia Dyscalculia Autism Spectrum Disorder Asperger’s Syndrome Temporary disability after illness (e.g. post viral) or accident Speech, Language and Communication needs Other physical disability Other specific learning difficulty (e.g. Dyspraxia) Other medical condition (e.g. epilepsy, asthma, diabetes etc) Other learning difficulty Other disability  | YES | NO |
| **Do you have an education health care plan?** |  | YES | NO |
| **Are you a care leaver?** |  | YES | NO |
| **Do you need help exiting a building?** |  | YES | NO |
| **How did you hear about Deafinate Training?** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***By signing this declaration, I am agreeing to Deafinate Training processing my personal data contained in this form or any other data that Deafinate Training may obtain from me or other people. I agree to the processing of such data for legal purposes connected with my learning or my Health & Safety whilst on the premises or for any other legitimate reason***  | Signature: Date: |  |  |