



New Life Training Student Enrolment Form

Please note that all our courses operate an 'Equal Opportunities Policy', all teaching is inclusive in approach, and content regardless of Race, Age, Gender, Sexual orientation and disability.

Name (as you wish it to appear on certificates) _____

DOB _____

Address _____

_____ Postcode _____

Tel No _____ Mobile No _____

Email Address _____

Place of Work _____

Tel No _____ Email Address _____

Course Attended _____

Date of Course _____

Location of Course _____

Relevant Qualifications _____

College Attended and Date Achieved _____

What therapies are you qualified in? _____

What therapies are you currently studying? _____

Do you require learning support YES/NO

If yes there is provision for oral questions instead of written.

If Yes please give details _____

Do you have a disability YES/NO

If Yes please give details _____

Would you like to be contacted about future courses being run in your area YES/NO

If Yes how would you like us to contact you Email/Telephone/Post

Do you have insurance for your therapies YES/NO

If Yes who is the insurance with? _____

I confirm that the information that i have given above is correct

Signature of Student _____ Date _____

Certificates Show YES/NO/PHOTOCOPIES SENT