

## FURNITURE NOW! TRAINING CENTRE APPLICATION FORM

Please complete this form and return to Sue Rennie, Furniture Now!, Unit 1 Phoenix Works, North Street, Lewes, BN7 2PE

Course Applying For .....

### PERSONAL DETAILS

Title..... First Name..... Family name.....

Date of Birth.....

Full address.....

..... Post Code.....

Home Tel..... Mobile.....

In receipt of Benefits (please circle the right option) Yes No NI Number.....

It is essential that you complete this section. We need this information to ensure our teachers are aware of your needs.

Current skill/knowledge level (0-10)..... (0 = no knowledge, 10 = expert)

What would you like to achieve from this course. Please state your 2 key objectives:

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Please give details of your qualifications and experience.

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Please give details of any special needs, illness/condition, which could affect your learning.

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Emergency Contact details

Name..... Tel.....

Address.....

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Link Worker details (if applicable)

Name..... Tel.....

Address.....

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Signature of Applicant..... Date.....

Signature of Link Worker (if applicable)..... Date.....

Can you please tell us where/how did you find out about us?

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Assessment Notes (for office use)