Please ensure your information is recorded clearly and is complete.

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  | Current Age |  |
| Address |  |
| Postcode |  | Phone Number |  |
| Email Address |  |
| Emergency Contact Name |  | EmergencyContact Number |  |
| Current School/College (if in education now) |
|  |
| Achieved or predicted GCSE English and Maths grades |
| English |  | Maths |  |
| Subjects you are interested in studying: (please provide a minimum of 3) |
|  |
| How did you hear about Skills Training UK? |
|  |

|  |
| --- |
| I agree to Skills Training UK collecting and storing my personal data as outlined in their Privacy Policy. I **would** like to be contacted by Skills Training UK using the following methods (please tick all that apply): |
| Email |  | Postal Mailing |  |
| Text Message |  | Phone Call |  |
| Signed |  | Date |  |

**Please return to the Centre either by hand, post or email to igniteyoursuccess@skillstraininguk.com;** **rayoates@skillstraininguk.com**