

Application Form

Title		Surname	
First name		Other Names	
Address			
City/ Town		Post Code	
Gender (M/F)		DOB	
Mobile no.		Home No	
Fax no.			
Nationality		Country of Permanent Residence	
Email address			
Course title			
Start date			
Delivery mode (Face-to-face or E-learning)			
Do you consider yourself to have a disability? (yes/no)			
If yes, please give details			
Next of kin name			
Next of kin contact number			

Education History

Secondary school/intermediate

Qualifications & subjects	Date obtained	School/college	Grade

Further/higher education

Qualifications & subjects	Date obtained	School/college/University	Grade

Employment history

Most recent first

Position	Date	Employer details	Status (full/part time)

Reasons for choosing this course

Please state the reasons for choosing this course

References			
Full name		Full name	
Position		Position	
Organisation		Organisation	
Address		Address	
Telephone		Telephone	

Candidate Declaration

I wish to enrol as the above named as a student of KLAB Training College, London.

1. I declare that all particulars supplied are correct and complete
2. I agree to the retention and disclosure of such data for normal academic and administrative purposes in accordance with the principles set out in the 2018 General Data Protection Regulation.
3. All tuition fees must be paid in full prior to commencement of the course. At the discretion of the college students may be allowed to pay their fees in instalments.
4. All fees paid hereunder are due in full and non-refundable, except as provided for in the contract and you shall pay us fees for the provision of the services without deduction, set off or abatement.
5. No tuition fee liability will normally arise in the following circumstances;
If the centre cancels tuition
If the student withdraws 7 days prior to the start of the programme, in this case the centre will retain the sum of £200 to cover administrative cost

Candidate name:

Candidate signature:

Date:

EQUAL OPPURTUNITIES MONITORING

Please tick the appropriate box in front of your ethnic background.

White background		Black or black British	
British		Caribbean	
Irish		African	
Other white background		Other black background	

Asian or Asian British		Mixed heritage/Ethnic group	
Indian		White and black Caribbean	
Pakistani		White and black African	
Bangladeshi		White and Asian	
Other Asian background		Other missed backgrounds	
		Chinese	
		Other ethnic groups	
		Other mixed heritage background	

Where did you hear about the college?

FOR OFFICE USE ONLY

Application form properly filled out (yes/no)	
Entry criteria met (yes/no)	
All documentary evidence received (yes/no)	
Candidate registration no.	
DBS registration no.	
Start date	
End date	
Oyster card Ref No	
Offer letter issue (yes/no)	
Offer accepted terms and conditions signed (yes/no)	
Full payment made (yes/no)	
If no, payment plan signed (yes/no)	

Application processed by:

Sign:

Date: