

Dunelm Associates Ltd

Enrolment Form



Dunelm Associates Ltd
Education Training & Consultancy Since 1983

Please complete ALL sections of this form using BLOCK CAPITALS

Personal Details

Forename:		Surname:		Title: (Mr/Mrs/Miss/etc)	
Address:			Town/City:		
County:			Post Code		Gender: (M/F)
Tel: Home			Tel: Mobile		
email:			Date of Birth:	/ /	Nationality:
Emergency Contact Name:			Emergency Contact Tel:		

Equal Opportunities

Dunelm Associates Ltd is committed to a policy of providing equal opportunities for all. We ask you to help us monitor the operation of this policy by completing the information below. Any information will be treated in the strictest of confidence.

White		Black African		Chinese	
Bangladeshi		Black Caribbean		Pakistani	
Indian		Black Other		Other	

Employment Details

Your Current status:-

Employed:	
Self Employed:	
Volunteer:	
Unemployed:	
Full Time Ed:	

Length of unemployment: (months)

Job Title:	
Company Name:	
Address:	
Town/City:	
Post Code:	
Tel:	
email:	
Training Mgr:	

Course Details

Course you are enrolling for:		Start Date:	
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How did you hear about this course / Dunelm Associates?

Employer:		Press:		Word of mouth:	
Yellow Pages:		Direct Mail:		Website:	

Previous Study

Have you previously studied with Dunelm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>
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Do you have any of the following qualifications?

NVQ Level 2	<input type="checkbox"/>	NVQ Level 7	<input type="checkbox"/>	Other <input type="checkbox"/>
NVQ Level 3	<input type="checkbox"/>	GCSE / O Level (How many)?	<input type="text"/>	
NVQ Level 4	<input type="checkbox"/>	A Level	<input type="checkbox"/>	Details <input type="text"/>
NVQ Level 5	<input type="checkbox"/>	Undergraduate Degree	<input type="checkbox"/>	
NVQ Level 6	<input type="checkbox"/>	Post Graduate Degree	<input type="checkbox"/>	

Additional Support

Dunelm Associates Ltd is committed to a policy of providing equal opportunities for all. We ask you to help us monitor the operation of this policy by completing the information below. Any information given will be treated in the strictest of confidence.

Do you have: - Please tick any that apply

No Learning Difficulties	<input type="checkbox"/>
Moderate Learning Difficulties	<input type="checkbox"/>
Multiple Learning Difficulties	<input type="checkbox"/>
Severe Learning Difficulties	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>
Other (please specify below)	<input type="text"/>
<input type="text"/>	

No Disability/Health Problem	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>
Disability Affecting Mobility	<input type="checkbox"/>
Emotional/Behavioural Difficulties	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>
Other (please specify below)	<input type="text"/>
<input type="text"/>	

Basic Skills

In an effort to help learners with numeracy and literacy, we can administer an initial assessment designed to help assess your present capabilities. Confidentially, would you like more information?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please tick this box if you do not wish to be contacted by Dunelm Associates Ltd about future courses.	<input type="checkbox"/>
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Student Declaration

By signing below I am confirming the above details are correct

Signed: _____ **Date:** _____

For Office Use Only



Form checked by: Date:

Funding Contract Number: or Full Cost Funding Approved by:

LAD Code: Level:

Trainer / Assessor Name: Not yet assigned

Recorded on MIS by: Date: