

# Application Form

## SEQ Qualification

**Please complete in BLOCK CAPITALS**

Full Name \_\_\_\_\_ Mr / Mrs / Miss / Ms \_\_\_\_\_

Maiden Name / Previous Name \_\_\_\_\_

Unique Learner Number (ULN) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at course start \_\_\_\_\_

Address

## Course details

### Course Start Date

Course Title and Level: SEQ **Teaching** / SEQ Babies and Toddlers Qualification

## Level 1 - Theory

## Level 1 – Practical

## Level 2 – Theory

Level 2 – Practical

**This section must be completed for all Level 2 registrations**

Qualification Title	Date Achieved	Certificate No (if applicable)

**Please tick or complete as appropriate:**

<b>Male</b>		<b>Female</b>	
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**Special Requirements:** It is important to disclose any learning needs on application for the consideration of reasonable adjustments. Please note that a written statement or evidence will be required. Failure to provide this information may impair our ability to provide the required level of support.

**Medical Details:** - Please note any medical details below in order for the tutor to train you safely. i.e. pregnant, asthma, heart condition, any physical condition.

Does the participant have any long term illness, health problem or disability? If Yes please state i.e learning disability, dyslexia, down syndrome etc. Please also provide and additional information you may feel necessary i.e wheelchair user, guide dog etc

Please indicate your ethnic origin (you do not have to complete this question but it will help us to improve our service)

White - UK		White - European		White – (Other Known)	
Black - Caribbean		Black - African		Indian	
Pakistani		Bangladeshi		Chinese	

Where did you find out about us?

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## **Candidate Cancellation Policy**

Please note the following cancellation policy applies should you cancel your place on this course:

- Cancelled before 28 days prior to the start of the course – a full refund will be issued minus a £25 administration fee
- Cancelled less than 14 days prior to the start of the course – no refund will be given except in the event of illness / injury (for which a Doctor's note must be provided) or exceptional circumstances
- All cancellations must be put into writing to the Centre key contact
- The full content of each unit will be delivered for the full price. There will be no discount awarded for any previous qualifications which may entitle you to exemption for a particular unit.

## **Centre cancellation policy**

- Notice of cancellation 14 days prior to course start date if there are insufficient enrolments, or unforeseen circumstances. In the event of Centre cancellation a full refund will be issued.

This booking is non transferable.

The centre reserves the right to amend the timetable to suit the needs of the course.

**Data Protection Act (DPA)** – The centre will process your data and hold it data securely in accordance with the DPA. Data will be used to administer you as a candidate. Your express written consent to hold this date is required under the DPA, which by signing this form you are providing.

**Privacy Notice** – Some of the information you supply will be used by the Skills Funding Agency to fulfil its statutory functions, issue/verify your Unique Learner Number (ULN) and update /check your Personal Learning.

Record: Further details of how your information is processed and shared can be found at

[www.learningrecordservice.org.uk/privacynote](http://www.learningrecordservice.org.uk/privacynote)

## **Payment Method**

Payment by card can be made by calling our reception team on 01992 445375 (once your place has been confirmed).

Applications will only be accepted with correct payment and will be on a 'first come first served' basis.

I agree to abide by the General Rules and Conditions for the use of the venue provided before the start of the course.

I understand that I take part at my own risk.

I understand that John Warner Sports Centre are not under any liability whatsoever in respect of personal injury, loss or damage, whilst attending this centre.

Print Name

\_\_\_\_\_

Signed

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (for candidates under 18 years of age) \_\_\_\_\_

Club (if attached)

\_\_\_\_\_

**John Warner Sport Centre, Stanstead Road, Hoddesdon, Herts. EN11 0QG**  
**E-mail: Key Contact :- Lin Donovan [led.jwsc.leisure@broxbourne.gov.uk](mailto:led.jwsc.leisure@broxbourne.gov.uk)**  
**Telephone: 01992 445375**

<b>OFFICE USE ONLY</b>	Name:		
Total Fee Received		Date Received	
Method of Payment			
Date Confirmation Sent			