

Course application form Education IT Training

Please complete this form in block capitals and return to:-

Bracknell Forest Education Centre
Easthampstead Park
Wokingham
Berkshire RG40 3DF
Tel: 0118 9366402



COURSE:	COURSE DATE:
COURSE VENUE: Education Centre	COURSE CODE:
PERSONAL DETAILS	
SURNAME:	FORENAME:
TITLE (please circle)	MR MRS MISS MS OTHER
HOME ADDRESS:	POSTCODE:
TEL. NO:	
SCHOOL DETAILS	
SCHOOL NAME:	
TEL. NO:	
POST DETAILS	
POST HELD:	
SPECIAL REQUIREMENTS:	
Do you have any special dietary requirements? (please specify).....	
PAYMENT DETAILS	
I authorise payment for a place on this course according to the authority's published rates.	
Charge to Project code:	Account code:
Signature of Headteacher	Date:

NB: Should the information in this document be held on a computer, any item of personal data will be subject to the Data Protection Act 1984.