

# Pre-Course Application Form



Please complete this form in full using BLOCK CAPITALS and return it to your course tutor.

Qualification:	
Course Reference Number:	
STA Reference Number (If Known):	

Title:		Date of Birth:	
First Name:			
Last Name:			
Address			
		Postcode:	
Email Address:			
Telephone Number:			

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Decline to answer
Ethnicity	<input type="checkbox"/> White <input type="checkbox"/> Mixed/Multiple ethnic groups <input type="checkbox"/> Asian/Asian British <input type="checkbox"/> Black/African/Caribbean/Black British <input type="checkbox"/> Decline to answer

<b>Do you consider yourself to have a disability? Please indicate below all which apply.</b>
<input type="checkbox"/> I do not have a disability <input type="checkbox"/> Visual impairment <input type="checkbox"/> Learning difficulty <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental ill-health <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer
<b>Do you require any reasonable adjustments to be made for you to participate in the course?</b>
<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No

<b>Do you hold any previous STA qualifications? If so, please specify these below.</b>

<b>Where did you hear about this course? Please indicate all which apply.</b>
<input type="checkbox"/> On STA's website <input type="checkbox"/> On your training provider's website <input type="checkbox"/> Social media <input type="checkbox"/> From a marketing/newsletter email <input type="checkbox"/> Word of mouth

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**What is your highest level of qualification to date?**

- NVQ Level 1, Foundation GNVQ, Basic Skills, or equivalent
- NVQ Level 2, Intermediate GNVQ, RSA Diploma, or equivalent
- GCSE, O Level, CSE, Foundation Diploma, or equivalent
- NVQ Level 3, Advanced GNVQ, BTEC National Diploma, or equivalent
- AS or A Level, Higher school certificate, SVQ 3, or equivalent
- NVQ Level 4 or 5, HNC BTEC Higher Level, SVQ 4
- Degree, e.g. BSc, BA
- Higher Degree, e.g. MSc, PGCE, PhD
- Professional qualification
- Foreign qualification
- No formal qualifications

**Current Occupation:** Decline to answer**Has a doctor advised you that you shouldn't currently exercise?** Yes  No**Are you pregnant?** Yes  No

If you have answered 'Yes' to either of the above, you must discuss this with your course tutor, as you may need medical clearance before attending this course or participating in any physical aspects of it.

## Learner Declaration

The data you have supplied in this form will be processed by the Safety Training Awards approved training centre providing this course. Additionally, Safety Training Awards will also process this data in accordance with regulatory requirements to register and certificate your achievement of a qualification.

For more information about how your data is collected, stored and processed, please seek guidance from the approved training centre providing this course, or alternatively see our privacy policy which can be found at: [www.sta.co.uk/policies/privacy-policy](http://www.sta.co.uk/policies/privacy-policy)

Safety Training Awards can be contacted at: [www.safetytrainingawards.co.uk/contact-us](http://www.safetytrainingawards.co.uk/contact-us)

**The information I have given on this form is correct at the time of completion and I will endeavour to inform Safety Training Awards as appropriate if my circumstances change.**

**Learner Signature:****Date:**

## To Be Completed by the Course Tutor

**Has the learner's identity been confirmed?** Yes  No**Photo ID Provided by Learner**

- Passport  Driving Licence  Student ID Card  Company ID Card
- Travel Pass  Other (please specify)

**Tutor Signature:****Date:**