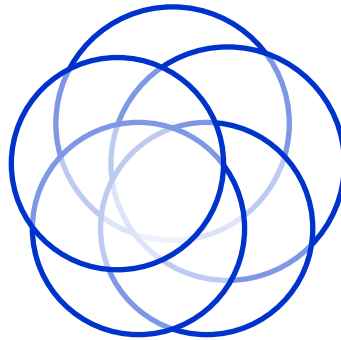


**SWASEND
ALIGN FOR LEARNING
2019-20**



APPLICATION FORM

(PLEASE USE BLOCK CAPITALS)

TITLE: FIRST NAME

SURNAME:

ADDRESS:

TELEPHONE LANDLINE:

MOBILE:

E-MAIL:

BACKGROUND INFORMATION

On a separate sheet of paper please answer the following:

- What motivates you to consider attending this course?
- Do you have any special medical or learning needs that would require support or adjustments to be made in order for you to fully participate?

PLEASE INCLUDE :

- Curriculum Vitae
- Names and contact details of 2 references (one of whom is your recent employer)
- 1 passport sized photograph
- £75.00 non-refundable deposit (cheques payable to SWASEND or bank transfer: sort code 16 58 10 account number 20058055 ref. ALIGN)

By signing below you are confirming that:

- You have a recent DBS clearance to work with children.
- Your written and spoken English is fluent.
- The written submission of this application is your own work.
- You will be able to pay the course fees,
- You will be able to commit to the course requirements.

Signed:

Date: