



Course Application Form

Fill out the parts applicable to your course enrolment with us.

Course Title _____

Course Date/Distance Learning/One To One Training

I am paying in full for the course (please refer to the website/training document for course fees).

Total fee £ _____

Confirmation of enrolment and access to materials will be despatched upon receipt of funds.

DBS CHECK (Teaching classes only)

If you need Blossom & Berry to sponsor you for a DBS check please state yes below. This can be organised after completion of your written modules.

If you are unable to have a DBS check then please supply a personal reference.

Please send us a copy of your certificates by scanning and emailing if rellevlent for CPD courses.

Your details

PLEASE WRITE CLEARLY & IN CAPITALS

Your Name _____

Occupation _____

Please state why you would like to enrol on the course?

Please state any experience you have working with parents and babies

Do you have a basic understanding of human anatomy and physiology? (GCSE, O level Biology or science)

Do you have any additional learning needs for studying?

Do you have any religious or cultural practices which need to be observed whilst studying?

Do you have any physical/health issues which we may need to know about for you to study with us?

Is there anything else we need to know to help meet your training needs?

How will you pay for the course

Cheque

Paypal (please add 3% to the amount to cover fees)

Bank Transfer

DETAILS

UK Postal Home Address _____

Post Code _____ Telephone _____

Mobile _____ Work _____

DOB _____

How did you find out about us? _____

The name you want printed on your Diploma & Membership Certificate

Name _____

PLEASE WRITE YOUR EMAIL ADDRESS CLEARLY IN BLOCK CAPITALS

Email address _____@_____

Website _____

PLEASE BE AWARE THAT YOU ARE RESPONSIBLE FOR ARRANGING AND PAYING FOR YOUR OWN INSURANCE. WE RECOMMEND WESTMINSTER PROFESSIONAL INDEMNITY INSURANCE <http://www.insurance-blossomandberry.co.uk/> . IF YOU ARE UNDERTAKING CPD TRAINING WITH US, PLEASE CHECK WITH YOUR OWN INSURANCE COMPANY FOR COVER IF NOT USING WESTMINSTER INDEMNITY INSURANCE.

Terms & Conditions

Signed Date

I have read and fully understand Blossom & Berry's Terms & Conditions & Blossom & Berry's Privacy Policy which I have fully read.



THANK YOU
FOR LEARNING WITH US.