



# EAST MALLING SHORT COURSES ASSESSMENT CENTRE



## Course registration and assessment request form

<b>COURSE NAME:</b>	<b>Date of course:</b>

### Personal Details

First Name.....Surname.....

Candidate Number (if known) .....Date of Birth:.....

Home Address.....  
.....

Post Code..... Phone.....

E-mail.....

**A passport sized photo must be submitted with your application by email as jpeg. (FOR ASSESSED CITY & GUILDS AND LANTRA COURSES ONLY)**

### Medical Declaration

**Do you have any disability, medical condition or learning difficulty?**

Asthma	Yes / No	If yes please give further details (or phone in confidence to discuss)
Diabetes	Yes / No	
Allergy	Yes / No	
Dyslexia	Yes / No	
Mobility difficulties	Yes / No	
Language difficulties	Yes / No	
Other	Yes / No	

**Please note: if your medical condition should change between completing this form and attending training or your assessment it is your responsibility to inform EMSC with details.**

### Employer Details (if relevant)

Employer/Company Name.....

Address.....

Contact name..... Phone .....

E-mail.....

**Please return this form to:**  
**East Malling Short Courses**  
 East Malling Research Centre, New Road, East Malling ME19 6BJ  
 Tel: 01732 523 755      E-mail: [info@emsc.org.uk](mailto:info@emsc.org.uk)

**Payment Details****Cost of course: £ :**

Company name for invoicing.....

Contact Name.....Your PO No.....

Invoice address.....

E-mail.....Phone.....

**If you wish to pay by card, please call 01732 523755 with your card details.**

Please make cheques payable to The East Malling Trust

Payment may be paid by bank transfer to this account

The East Malling Trust

Sort Code 20-18-93

Account No. 00201081

**NPTC unit (s)  
applied for****Description****Old unit name**

Any additional information:

**Assessment Information ( for centre use only)****Last date of training****Trainer****Meeting place****Date of assessment**

Notes:

East Malling Short Courses and Assessment Centre will not share your personal information with third parties without your permission except for the purpose of external registration of customers with associated awarding bodies (eg LANTRA and City and Guilds)

**EMSC and EMAC policies and procedures can be found at [www.emsc.org.uk/about-us/policies](http://www.emsc.org.uk/about-us/policies)**

By signing this form I declare that the information given on this form is accurate as far as I am aware and I agree to any terms and conditions associated with the course and the NPTC, City & Guilds assessment process or any other related awarding body.

Signature

Date

**Please return this form to:**  
***East Malling Short Courses***

***East Malling Research Centre, New Road, East Malling ME19 6BJ***

***Tel: 01732 523 755***

***E-mail: [info@emsc.org.uk](mailto:info@emsc.org.uk)***