



Canal Engineering Limited
Lenton Lane, Nottingham NG7 2PQ
Tel: +44 (0)115 986 6321

Training Course Application

Please fill, sign, save, & return this application document to Gary Gwynne.

NAME: _____

ADDRESS: _____

POSTCODE: _____

SEX: Male Female

D.O.B: ____ / ____ / ____ Tel.: _____

Email: _____

Have you lived in the UK or another EU country for the last 3 years? YES NO

If no please enter your date of entry to the UK or other EU country _____

What is your Nationality? _____ Country of residence: _____

CURRENT EMPLOYMENT (Leave blank if unemployed)

EMPLOYER'S NAME: _____ Tel.: _____

ADDRESS: _____

POSTCODE: _____

ACCOUNTS CONTACT: _____ Tel.: _____

COURSE TITLE: _____

START DATE: ____ / ____ / ____





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Please indicate how your course fees are being paid:

I am paying my own course fees

Please invoice my employer for my course fees

(Please attach written confirmation from your employer to be accepted)

I am unemployed and applying for a government sponsored place

Please indicate your ethnic origin by ticking the appropriate box

White	Mixed/multiple Ethnic group	Asian/Asian British	Black/African Caribbean/Black British	Other
31 British	35 White/Black Caribbean	39 Indian	44 African	47 Arab
32 Irish	36 White/Black African	40 Pakistani	45 Caribbean	98 Any other
33 Gypsy	37 White & Asian	41 Bangladeshi	46 Any other Caribbean background	
34 Any other	38 Any other	42 Chinese		
		43 Any other		

Do you have any of the health problems or disabilities below?

YES NO

If yes please indicate

01 Visual impairment	04 Other physical disability	07 Mental health	10 Asperger's syndrome
02 Hearing impairment	05 Medical condition	08 Temporary disability	90 Multiple disability
03 Poor mobility	06 Behavioural difficulties	09 Profound/complex disabilities	97 Other

Do you have any of the learning needs listed below?

YES NO

If yes please indicate

01 Moderate learning difficulty	10 Dyslexia	19 Other specific	90 Multiple learning difficulties
02 Severe learning difficulty	11 Dyscalculia	20 Autism spectrum	97 Other





Training Academy



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Criminal Conviction

Do you have a relevant criminal conviction?

YES NO

If YES, please provide conviction details

Applicant's Consent

Signature: _____ **Date:** ____ / ____ / ____

I confirm that I have checked the information provided

Staff signature: _____ **Date:** ____ / ____ / ____

For office use only

Does this applicant require registration with EAL Ltd **YES NO**

If YES, which scheme & scheme number? _____

Amount to be invoiced: _____

Signed: _____ **Date:** ____ / ____ / ____

