



**Free Plant-Based Nutrition Class!**

- Doctor-Led Classes
- Free Recipes
- Weekly Support
- Success Stories



**DIGITAL MARKETING TRAINING**

- SEO
- SMO
- PPC



# Skills et Academy

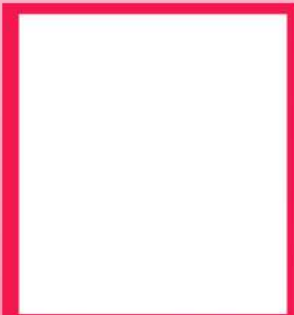
Secure your goals with skills.

## Application and Enrollment Form

- Please ensure that the application is Fully completed using Capital letters.
- Tick as appropriate and comment where necessary.
- Should you to provide additional detail please use separate sheets.
- Ensure the necessary document in support of your application as per the checklist.

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For office use only



Please insert 1 passport size photograph

### 1 PERSONAL DETAIL

Surname/ Family name:  Title (Mr/Miss/Mrs)

First Name

Email Address:

Date of Birth:

Current Address:  Permanent Address ( In your own country)

Postcode:   Postcode:

Telephone:

Married Status:  Single  Married  Divorced  Separated

Nationality:  Mother Tongue

Occupation:

### 2 COURSE DETAIL

(Note: Overseas student requiring a visa may only take full-time courses)

Course code  Level   Full-Time  Morning  Evening

Description   Part-Time  Midday  Weekend

Starting Date  Duration (week)   Afternoon

Course code  Level   Full-Time  Morning  Evening

Description   Part-Time  Midday  Weekend

Starting Date  Duration (week)   Afternoon

Course code  Level   Full-Time  Morning  Evening

Description   Part-Time  Midday  Weekend

Starting Date  Duration (week)   Afternoon

### 3 EDUCATIONAL QUALIFICATION

Qualification	Examination Board/ Institution	Date Awarded	Subject passed

Examination To Be Taken /Results Pending	Examination Board/Institution	Result Date	Subjects Passed

### 4 QUESTIONNAIRE

<p>a. How did you hear about Skillset Academy ?</p> <p><input type="radio"/> Leaflet                      <input type="radio"/> Friends</p> <p><input type="radio"/> Skillset Academy Student   <input type="radio"/> Website</p> <p><input type="radio"/> Parent/Family                <input type="radio"/> Library</p> <p><input type="radio"/> Advert (Please Specify).....</p> <p><input type="radio"/> Other (Please Specify).....</p>	<p>b. Have you studied in the Academy Before?</p> <p><input type="radio"/> Yes    <input type="radio"/> No</p> <p>If yes, Please Specify...</p>	<p>c. Please give reasons for choosing this Programme of study:</p>
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### 5 PAYMENT (Please tick as appropriate)

How will your fees be paid?

Cash (in person only)     Cheque                       Credit/Debit Card                       Bank Transfer

Who will pay your fees?

Parent                       Family/ Member                       Employer                       Self

Other (Please Specify)

### 6 ACCEPTANCE ( This section must be completed and signed)

I have read the Skillset Academy Terms and Conditions and accept them to be Legally binding on my part. I agree to make all payments on the due dates

Name of Student/Agent \_\_\_\_\_

Signature of Student/Agent \_\_\_\_\_ Dated: \_\_\_\_\_

(If the student is under 18 years old this must also be signed by the guardian.)

Guardian's Name \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Dated: \_\_\_\_\_