

RegForm4 - Course Learner Registration Form

***This form is compulsory**



Course Type	Course Start Date	Course End Date

PART 1 - To be completed by the Learner

The information you provide is required to register you for the course and to provide details for your certification. Please use block capitals to ensure that your name is correct on your certificate. If the field has been pre-populated, please check to make sure that it is correct. **Items marked * are required for you to be certificated for this course.**

First Name*	Last Name*
Address*	Town and Postcode*

Email – Before providing your email- Please read the notes below	Telephone:	Gender/Other/Unspecified*	D.O.B*

Supplying your email address will enable you to access the ProTrainings system where you can download your student manual, print your certified CPD statement and receive a renewal reminder. You will also have access to discounted online training through our secure online system.

If you provide your email, your login details will be emailed to you after your course. You can log on and edit your preferences or unsubscribe from these additional services at any time.

During this course, you will be assessed by various methods including practical observation, theory assessment and questions and answers. Your tutor will tell you about the assessment requirements for this course, the qualification is pass or refer, there are no grades.

By signing this form, you agree: -

- That the information you have provided is correct and that all work submitted/assessed is your own.
- To notify your tutor of any learning or physical disabilities you have that may affect your training, including any injuries that may be worsened by undertaking any of the practical exercises.
- To your information being passed to ProTrainings for certification, compliance and quality assurance purposes
- If you are attending the responder course, the first FROS exam re-sit is free and then the awarding organisation require £50 for all individual and future re-sits, which you must pay if you want to complete the course - This is N/A for all other qualifications.

Learner Signature:	Date:

Part B – To be completed by the tutor

***Please record the type of ID presented by the learner i.e. Work ID, Passport or Driving Licence.**

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Tutor Name	Tutor Signature

For information about how your data is used for certifications please visit www.protrainings.uk/privacy/privacy-policy
A copy of the ProTrainings complaints and appeals policy is available on the ProTrainings Website.

***This compulsory form is designed to be used for certification, quality assurance and compliance. Please ensure it is completed correctly before it is uploaded to ProTrainings.**