

**Tamsyn Consulting Limited
Registration Form (Confidential)**

Please read through the details below before completing this registration form. Please use black ink or typescript



1. Personal Details

Surname/Family name: _____ Title: _____

Forenames: _____

Previous names/surnames/family names: _____

Address: _____

Postcode: _____

Home telephone number: _____

Mobile telephone number: _____

Email: _____

Nationality: _____

National insurance number: _____

Please give dates/time when you will **Not** be available for interview within the next month

2. Type of Study

1. Level of Study (e.g. College, undergraduate, postgraduate):

2. Preferred Department of Study (e.g. Science, Engineering, Arts, Business):

3. Preferred Course (e.g. Dentistry, Chemical Engineering, Business Management):

4. Region of Study in the UK (e.g. England, Wales, Scotland):

3. Educational History

Name of Institution: _____
Name of Course: _____
Date Ended: _____
Qualification/Grade Obtained: _____
Additional Educational History
Name of Institution: _____
Name of Course: _____
Date Ended: _____
Qualification/Grade Obtained: _____

4. Disability

1. Do you consider yourself to have a disability which is defined in the Equality Act 2010

Yes No

2. If yes, indicate the nature of your disability:

5. Employment

5a. Visa

Are there any restrictions or conditions affecting your ability to take up employment or remain in employment in the UK?

Yes No

Are you a highly skill migrant or a working holidaymaker?

Yes No

Will you be looking for employment while studying?

Yes No

If yes, what industry would you work?

Retail

Education

IT

Other _____

6. Referees

1. Name of Referee: _____

Relationship: _____

Job Title: _____

Email: _____

Mobile Number: _____

2. Name of Referee: _____

Relationship: _____

Job Title: _____

Email: _____

Mobile Number: _____

7. Declaration

I hereby declare that all the information provided in this form is accurate and true to the best of my knowledge.

DATA PROTECTION ACT 1998

I understand that the information given on this form will be used by the Organisation, Tamsyn Consulting for: • the purpose of processing my application for study, • monitoring the company's study policies; and if my application is successful, • recording information relevant to my education.

Signature of Candidate: _____

Date: _____

SUBMIT