



**Level 3 Certificate in
British Sign Language
Tuesdays 1pm-5pm, September 2014 – July 2015
Course Application Form**

Candidate Details

Title: Mr / Mrs / Ms / Miss / Other:	First Name(s)
Surname:	Date of Birth
Address:	Tel:
	Text:
	Fax:
	Mobile/SMS
	Email:
Candidate Signature ID No:	Ethnicity:
Sensory Type: (Please tick)	Hearing <input type="checkbox"/>
	Deaf <input type="checkbox"/>
	Hard of Hearing <input type="checkbox"/>
Emergency Contact:	Emergency No:

Additional or Specific Needs:

Please give any details of any specific needs you feel may affect your studies and therefore require any reasonable adjustment to be made by us to ensure effective teaching and learning:

Language:

Please state your first or preferred language:

Background Experience

Please provide any relevant experience you have, previous or present. This can include work experience within the Deaf Community, roles and responsibilities and/or other relevant courses you have attended

Qualifications

BSL related Qualifications

Qualification(including Level)	Grade Achieved	Centre	Date Achieved

Other Qualifications

Qualification	Grade Achieved	Centre	Date Achieved

Please note the above information will not be used as a means of discriminating against the entry or assessment of students but will form part of your Individual Learning Plan, in order that the most appropriate teaching can be achieved.

Signed _____

Date _____

Thank you for taking the time to complete this form. BSL Training Academy will contact you within 14 working days of receipt of your application to provide you with details of your course date.

Please return the completed form to

Training Centre Administrator
BSL Training Academy
130 Kineton Green Road
Olton
Solihull
West Midlands
B92 7EF

Information supplied by you will be recorded in accordance with the Data Protection Act. BSL Training Academy welcomes applications from Deaf and disabled people and will make reasonable adjustments as outlined in the academic requirements/standards in the DDA and SENDA

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