

Learner Registration Form

Please complete **both** sides of this document

Please print all information clearly.

The names will be printed on any certificates exactly as written on this form and should match your identification evidence.

<p>Why does ITC need my data?</p> <ul style="list-style-type: none"> To produce your certificate Monitor our qualifications to ensure they are inclusive and available to all To link your learning to your Unique Learner Number (ULN), where it is available 	<p>What happens to my data after I provide it to ITC?</p> <ul style="list-style-type: none"> We store your data securely for 5 years, then it is destroyed. You may request the data we hold about you at any time within the 5 years Your personal data will only be accessible to ITC First and your course provider.
<p>For more information about your rights associated with your data please visit the Information Commissioners Office website www.ico.org.uk or get in touch with ITC First at mail@itcfirst.org.uk</p>	

Forenames

Family (Surname) Name

Date of Birth

Gender (✓) Male Female Prefer not to disclose

What is your national identity? ✓ all that apply

English Welsh Scottish Northern Irish British Other please write

What is your ethnic group?
Choose ONE column then ✓ the appropriate box

White	Mixed / multiple ethnic groups	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group
<input type="checkbox"/> English/Welsh/Scottish N. Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other, please write	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other, please write	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other, please write	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other, please write	<input type="checkbox"/> Arab <input type="checkbox"/> Other, please write

(based on the 2011 UK census)

Special needs or reasonable adjustment required (✓)	Yes		Comment
	No		

Unique Learner Number (ULN) consent: I do / do not consent to my course provider obtaining my ULN.

ULN

Postal Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Town/City

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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County

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email

ITC will alert you by email before your qualification expires.

Telephone

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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We contact learners to gather feedback about their experiences on ITC qualification courses and to monitor our qualifications for equality and inclusivity.

Please sign this form to confirm you understand and agree to its content.

- I acknowledge that I am registering on an ITC First qualification.
- I am expected to take a full and active part in the course and be aware of my own health, safety and welfare as well as that of my fellow course participants.
- I understand that the course is practical in nature and confirm I will participate in the reasonable demands of the course including, for first aid courses, being able to kneel, be rolled over as a simulated casualty and perform simulated CPR on a casualty.
- I will inform the assessor of any physical difficulty, illness or learning difficulty that will make completing this course difficult or that could be an issue on the course.
- I understand the assessment processes (being continually assessed by various methods including assessor observation), complaints and appeals processes available to me.
- I am aware that the assessment decision of the course assessor is provisional and will be confirmed after the assessment evidence for each candidate is moderated by ITC.
- I understand the rationale of the course and agree that it is suitable for myself.

Signature _____ Date _____

Course Title _____

Course Venue _____