



TRAINING ACADEMY

# Course Application Form

Surname:  Title:

First names:  Date of Birth:

Address:  Email address:

Home telephone:

Mobile telephone:

Occupation:

Postcode:  I confirm I can be contacted on the methods provided. Please sign.

Name to appear of certificate:

Do you have any condition (medical or other) which may affect your attendance or requires assistance during your training? LW Academy is located upstairs please advise if you have problems with stairs.

Do you have any learning difficulties?

I would like to apply for the following course(s):

Course Title	Start Date	Experience Yes/No*

If you have indicated previous experience please state what products you have used.

## Application Fee

50% booking fee is required to reserve a place on the above course(s).

- I have enclosed a receipt of bank transfer for my 50% booking fee
- I have paid in cash direct to the academy for my 50% booking fee

## Balance of Fees

- I have paid the full balance of ..... With my application via bank/cash. Bank transfer receipt must be provided.

I confirm all information given on this form is true and correct. I have read the booking conditions and will adhere to the terms of the booking conditions as set out by LW Training Academy.

Signed (applicant):

Date:

- I confirm LW Training Academy can contact me on the details I have provided above.

**Please return this form to:**  
 222B Strand Road, Preston, PR1 8UJ - or scan and return to info@lwta.co.uk