

Fellside Community Development Centre
 C/O Langwathby School
 Salkeld Road, Langwathby,
 Cumbria CA10 1ND

Tel / fax 01768 881485

For CDC use only	
Method of payment	cash/cheque
Entered on course sheet	<input type="checkbox"/>
Entered on database	<input type="checkbox"/>

APPLICATION FORM

Name of course			
Start date		Time	

Title	First name(s)	Surname
Address _____ _____ _____		Home telephone number _____ Daytime Telephone number _____
Post Code _____		e-mail address _____
Date of birth		<small>We will store the information you provide in confidential files and in a data store on a secure computer. We will use the information to contact you about this course and about future courses which may be of interest to you.</small>
Have you been on a previous course at Fellside CDC? Yes / No		If 'yes' please state which one
Previous qualifications: <i>please tick as appropriate</i>	IT qualification	
	Please specify which IT qualification you have and date	
	GCSE / O level English grade A-C or equivalent	
	GCSE / O level maths grade A-C or equivalent	

I confirm that the above information is correct. I enclose the deposit of £_____ as specified in the course details. If you are paying a reduced amount (B or C), you will need to provide proof of entitlement e.g. Birth certificate, driving licence, letter of benefit. Please make cheques payable to **Cumbria County Council**.

Signed _____ **Date** _____
Please return this form as soon as possible to the above address. Please assume you have a place on the course unless you hear from us. We will confirm the start date of your course.