

# COURSE AND PTM APPLICATION FORM

Your passport to Training Membership <b>PTM</b> number	You need a PTM number to attend training. If you do not have one, please complete Sections 1 and 2.
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## SECTION 1 GENERAL DETAILS (ALL applicants must complete fully. Please PRINT CLEARLY)

<b>First Name</b>		<b>Surname</b>	
<b>Title</b> (please tick)	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Other (please state)		
<b>Are you</b> (please tick)	<input type="checkbox"/> Private, Voluntary and Independent setting <input type="checkbox"/> Maintained School <input type="checkbox"/> Childminder (Registered/Potential) <input type="checkbox"/> Nanny <input type="checkbox"/> Out of Borough Setting <input type="checkbox"/> Other (please state)		
<b>School/Setting/organisation</b>			
<b>Job title</b>			
To receive course information/letters by email please provide a work email address. This should be a central admin address as we cannot send to individuals in schools/settings.			
<b>Your work address</b> (Childminder: This will be your home address)			
	Postcode:	<b>Mobile</b>	
<b>Telephone</b>		<b>Fax</b>	

### I would like to apply for the following course(s) subject to availability

Course title	Course code	Date	Booking fee (£)	Course fee (£)	Notes (Office use only)
<b>Total</b>			£	£	

<p><i>A booking confirmation letter will be sent to you 2-3 weeks before the start of the course. If you have not received this letter please call the Training Section on (020) 8871 8335.</i></p> <p><i>We advise that you keep a copy of your application form for your reference.</i></p>	<p>I enclose a cheque/postal order for £ .....</p> <p><i>Payable to: Wandsworth Borough Council</i></p>
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### I have read and agree to the Terms & Conditions stated overleaf

<b>Applicant's signature</b>		Date: ..... / ..... / .....
<b>Line Manager/ Supervisor's signature</b>		Date: ..... / ..... / .....

# COURSE AND PTM APPLICATION FORM

## SECTION 2 PTM APPLICATION (If you do not have a PTM number please complete the following)

First Name		Surname	
Date of birth		Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Do you have a disability? (please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say

If YES, please state, including any additional needs that we need to know to support your training and assist you during your visit, ie: stairs, nutrition, limited eyesight.

### Which of the following groups do you consider you belong to? (please tick)

<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Black African other	<input type="checkbox"/> Latin/South Central American
<input type="checkbox"/> White and Asian	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White and Black African	<input type="checkbox"/> Black Ghanaian	<input type="checkbox"/> Turkish
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Black Nigerian	<input type="checkbox"/> Any other Asian background
<input type="checkbox"/> White British	<input type="checkbox"/> Black Somali	<input type="checkbox"/> Any other Black background
<input type="checkbox"/> White Irish	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Ethnic group
<input type="checkbox"/> White Other	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other mixed background
<input type="checkbox"/> White Eastern European	<input type="checkbox"/> Gypsi/Roma	<input type="checkbox"/> Traveller of Irish heritage
<input type="checkbox"/> White Western European	<input type="checkbox"/> Indian	

All information gathered is kept confidential under the Data Protection Act 1998 and will only be used for internal statistical collation. Under the Data Protection Act 1998 you have the right to access all your information collected. All details provided are protected by the Data Protection Act 1998.

## TERMS & CONDITIONS AND CHARGES

- ▶ Full terms and conditions are detailed in the Early Years Training Directory.
- ▶ Each course is subject to a non-refundable booking fee of £20 per course.
- ▶ Your setting will be charged £50 per course for all courses that you do not attend, unless you cancel **3 working days** in advance.
- ▶ **For all courses please send a cheque or postal order with this application form, made payable to Wandsworth Borough Council. We are unable to take card payments.**

If you need any help in filling in this form, please call (020) 8871 8335. This form can be photocopied as many times as necessary.

Please complete and return to

**Samreen Zamir**

EY Training Administrator  
Professional Centre, Franciscan Road,  
Tooting, London SW17 8HE

Telephone (020) 8871 8335

Fax (020) 8871 7162

Email edchildcaretraining@wandsworth.gov.uk

