





## CANDIDATE APPLICATION FORM (cont.)

### Special Requirements

Please specify any medical conditions that you believe may have an effect on your performance during this course.  
*(This information will be treated in confidence)*

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Dietary requirements if applicable

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### Payment Arrangements

#### OPTION ONE

I enclose a Cheques/Postal Order for

£

Payable to

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#### OPTION TWO

Official Purchase Orders from Local Authorities etc. must be attached and clearly indicate the organisation's invoice address details.

Purchase Order No.

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### Checklist

- I am in current membership of RLSS UK
- I have completed each section of the application
- I have enclosed copies of my prerequisite awards
- I have enclosed the payment or an official order
- I have met the applications deadline
- I have signed the application form

### Complete and Return To Course Director

Name

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Address

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Postcode

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Tel:

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Signed

Date

RLSS UK will store your personal data in accordance with the Data Protection Act 1998, and will not share your details with any other organisation or third-party. We may however wish to contact you in regards to RLSS UK activities or products, and also use your contact details only in direct relation to your status as an RLSS UK Trainer Assessor. If you are not happy for us to contact you or use your details in this manner, please tick the box.

I do not want my information to be used in this manner