Mohair Centre Training REGISTRATION FORM

	ATION FORM			
NAME:				
ADDRESS:				
POST CODE:				
E-MAIL ADDRESS:				
PHONE NUMBER HOL	ME: OBILE:			
DATE OF BIRTH:				
PLEASE CIRCLE THE QU FOR:	UALIFICATION YOU WISH TO APPLY			
NOCN Level 2 Award	for Forest School Assistants			
Qualification No: 603/2996/8				
NOCN Level 3 Certific	cate for Forest School Leaders			
Qualification No: 603/2	2994/4			
Forest School Team Bu	uilding Level 1 (Mohair Centre)			
MAIDEN NAME (if applica	able):			
WORKPLACE ADDRESS	AND PHONE NUMBER:			
LINE MANAGER:				
SOURCE OF FUNDING:	SELF / WORKPLACE FUNDED (Payment in full) SELF / WORKPLACE FUNDED (Instalments)			

TRAINING MONITORING:

		TRAINING MONTORING.					
Gender (Please circle where appropriate)							
	Male	Female					
Please specify below whether you have any additional needs:							
Age:	16-24	25-49	50+				
Ethnicity: (Please specify)							
Please give a brief explanation of your experience with Forest School, what age-group you might be involved with.							
Relevant Professional Qualifications (giving dates)							
• Level 2 & above							
	First Aid						
• FIIST AIG							
• Safeguarding							
•	Basic Food Hygi	ene					
Cand	lidate Signature:		Da	nte:			

Please return this form to:

MOHAIR CENTRE TRAINING

 $2\ Park\ Farm\ Cottages,\ Laughton\ ,Lewes,\ East\ Sussex,\ BN8\ 6BU$

Telephone Number: (01825) 840 759

Email: mohaircentretraining@hotmail.co.uk www.mohaircentre.co.uk