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COURSE BOOKING REQUEST FORM

Learner Details	Title		First Name		Surname		Date of Birth	
	Station or Unit		Home Address including Postcode			How long have you lived in the UK?		_____ years
	Mobile Number		Home E-mail					
	Work Number		Work E-mail					
	Current GCSE English Grade		Have you already achieved Functional Skills L2 in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Current GCSE Maths Grade		Have you already achieved Functional Skills L2 in Maths?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Course / Exam Details	Select the course you wish to attend		<input type="checkbox"/> GCSE Maths (Foundation Paper)		Course Start Date			
			<input type="checkbox"/> GCSE English (One level for all)		Course Finish Date			
	Are you entitled to extra time in exams following an SpLD assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>							