

Application Form 2015/16

COURSE YOU WISH TO STUDY		
<i>Please note if there are not enough applications to a course it may not run, therefore please state your 1st and 2nd course choices</i>		
1 st :		
2 nd :		
PERSONAL DETAILS <i>Information will be kept securely and not shared with third parties.</i>		
Forename:	Surname:	Mr/Mrs/Miss/Ms
Address:		
Postcode:		
Email:		
Home telephone:	Mobile:	
NI No:	Gender:	
DOB:	Age on 31 Aug 2015:	
Are you a Carer? Y / N	Nationality:	
Do you receive any of the following benefits?	Have you been resident in the EEA for the past 3 years? Y / N	
<input type="checkbox"/> Council Tax <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Employment Support Allowance <input type="checkbox"/> Income Support <input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> Universal Credit	If no: Country of Residence: Date of entry to EEA:	
HEALTH <i>please be assured this is just to indicate what, if any, support needs you may have</i>		
Do you have a health condition and/or disability?		
No: <input type="checkbox"/> Mental Health condition: <input type="checkbox"/> Physical condition or disability: <input type="checkbox"/> Learning Disability: <input type="checkbox"/> Other: <input type="checkbox"/>		
I certify that the information given is correct		
Signed:		Date:

Please complete this form and return via email to info@camcommarts.org.uk or by post to the address below. If your application is successful we will contact you to invite you to attend an enrolment session during the weeks commencing 7th or 14th September.

Future Business Centre, King's Hedges Road, Cambridge CB4 2HY
 07763 280029 / info@camcommarts.org.uk

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