

AM2 Application for assessment

Sections marked * are mandatory and must be completed., if they are not then the form will be rejected,

Once completed please send to GTEC Training Ltd, GTEC House, Hawes, North Yorkshire, DL8 3UZ

If you have any queries or wish to email your application form please contact us on 01969 666111 or email chris@gtectraining.co.uk

Candidate Details														
Forename*										Surname*				
Candidates Home Address*	House name or number													
	Street name													
	Town													
	City													
	County													
										Postcode				
NI Number*										Date of Birth*				
Telephone number (landline)*										Mobile				
Email Address														
Employers details														
Employers Address	House name or number													
	Street name													
	Town													
	City													
	County													
										Postcode				
Employers contact name										Employer Telephone Number				
Employer Email Address														
Training Providers details														
Training Providers Address	House name or number													
	Street name													
	Town													
	City													
	County													
										Postcode				
Training provider contact name										Training Provider Telephone Number				
Training Provider Email Address														

Who is making the application for the resit?*	Candidate	<input checked="" type="checkbox"/>	Who is paying for the resit?*	Candidate	<input checked="" type="checkbox"/>
	Employer	<input checked="" type="checkbox"/>		Employer	<input checked="" type="checkbox"/>
	Training Provider	<input checked="" type="checkbox"/>		Training Provider	<input checked="" type="checkbox"/>

Date & location required : Please note that you are selecting the week only, once your enrolment form is received we will schedule the assessment and confirm the exact date(s) to you.

Week Commencing	Location	Tick to select	Week Commencing	Location	Tick to select
10 th May 2010	Hartlepool	<input checked="" type="checkbox"/>	19 th July 2010	Sidcup	<input checked="" type="checkbox"/>
24 th May 2010	Liverpool	<input checked="" type="checkbox"/>	9 th August 2010	Bristol	<input checked="" type="checkbox"/>
7 th June 2010	Pembroke	<input checked="" type="checkbox"/>	23 rd August 2010	Birmingham	<input checked="" type="checkbox"/>
14 th June 2010	Caerphilly	<input checked="" type="checkbox"/>	13 th September 2010	Loughborough	<input checked="" type="checkbox"/>
28 th June 2010	Luton	<input checked="" type="checkbox"/>	4 th October 2010	Leeds	<input checked="" type="checkbox"/>

Section(s) Required for resit

Sections required for resit	Section(s)	Tick sections required	Cost	Totals
	A	<input checked="" type="checkbox"/>	£ 259.00	
	B	<input checked="" type="checkbox"/>	£ 86.00	
	C 1	<input checked="" type="checkbox"/>	£ 86.00	
	C 2	<input checked="" type="checkbox"/>	£ 86.00	
	D 1	<input checked="" type="checkbox"/>	£ 86.00	
	D 2	<input checked="" type="checkbox"/>	£ 86.00	
Certification Fee: Only 1 certification fee is required per candidate irrespective of the number of sections required			£30.00	£30
Is there any competency enhancement training required ? (usually delivered the week prior to the week of assessment)		1 Day	£ 145.00	
		2 Days	£ 275.00	
Subtotal				£
V.A.T @ 17.5%				£
Grand Total				£

Payment details:

Payment is required in FULL to secure an assessment date , If you require an invoice prior to paying then please submit a purchase order along with the application form and an invoice will be raised for you to pay against.

Payment Method	Card: <input checked="" type="checkbox"/>	Card: Please provide details below	Cheque: <input checked="" type="checkbox"/>	Cheque: Please enclose a cheque and write the candidates name(s) on the rear	BACS: <input checked="" type="checkbox"/>	BACS: Please make payment to the account details given on receipt of an invoice
	Cheque: <input checked="" type="checkbox"/>					
	BACS: <input checked="" type="checkbox"/>					

Name of cardholder (as it appears on card):

Card Type	Mastercard <input checked="" type="checkbox"/>	Visa <input checked="" type="checkbox"/>	Switch / Maestro <input checked="" type="checkbox"/>	Other (please state) <input checked="" type="checkbox"/>
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Card Number																				
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Expiry Date:						Start Date						Issue					CVN			
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Cardholders address (if different to any of the details provided above)

House name or number		Street name							
Town		City							
County		Postcode							

Signatures

Cardholders signature**	
Signature of person making the booking**	

**By signing the above you are agreeing to the GTEC Training Ltd terms and conditions of booking (see rear of AM2 resit location map for full details) and where applicable you are happy for us to debit your card for the full amount.