

## Learner Registration Form

Please complete **both** sides of this document

## Please print all information clearly.

The names will be printed on any certificates exactly as written on this form and should match your identification evidence.

Why does ITC I	need my data?		What happens to my data after I provide it to ITC?				
To produce your certificate			• We store your data securely for 5 years, then it is				
Monitor our qualifications t							
and available to all		request the data we ho	ld about you at any				
• To link your learning to yo		in the 5 years					
(ULN), where it is available		sonal data will only be	accessible to ITC				
-			your course provider.				
For more information about your rights associated with your data please visit the Information Commissioners							
Office website www.ico.org.uk or get in touch with ITC First at mail@itcfirst.org.uk							
Forenames							
Family (Surname) Name							
Date of Birth							
Gender (✔) Male Female Prefer not to disclose							
What is your national iden	tity? ✓ all that apply						
English We	elsh Scottish	Northern Irish	British	Other please write			
What is your ethnic group	? Choose ONE colu	mn then 🗸 the appro	priate box				
White	Asian / Asian	Black / African /	Other ethnic				
	ethnic groups	British	Caribbean / Black British	group			
English/Welsh/Scottish N. Irish/British	White and Black Caribbean	Indian	African	Arab			
Irish	White and Black African	Pakistani	Caribbean	Other, please write			
Gypsy or Irish Traveller	White and Asian	Bangladeshi	Other, please write				
Other, please write	Other, please write	Chinese					
		Other, please write		(based on the 2011 UK census)			

Special needs or reasonable adjustment required (✔)	Yes	*If yes, please discuss with tutor/assessor before completing this box.
	No	

\*If YES: assessor and learner to discuss whether adjustments are required. If not then comment to be added in the box to indicate that no adjustments were required. If required, please comment in box and complete Access to Training & Assessment form (C4, send to ITC with learner registration form (02)). Assessor to annotate End of Course Details (06) indicating if adjustments were required for the training and/or assessment.

Postal Address					
Town/City					
County					
Postcode					
Email					
ITC will alert you by email before your qualification expires.					
Telephone					
Mobile					
ITC contacts learners to gather feedback about their experiences on courses and to monitor our qualifications for equality and inclusivity. Please sign this form to confirm you understand and agree to its content.					
<ul> <li>I acknowledge that I am registering on an ITC First qualification.</li> <li>If I am a late booking or have not received the pre-course information, I will inform the trainer.</li> <li>I am expected to take a full and active part in the course and be aware of my own health, safety and welfare as well as that of my fellow course participants. I will inform the assessor of any physical difficulty, illness or learning difficulty that will make completing any assessments difficult.</li> <li>I understand that the course has practical elements and confirm that I am fit enough for the practical demands of the course.</li> <li>I understand the assessment processes (being continually assessed by various methods including assessor observation), complaints and appeals processes available to me.</li> <li>I am aware that the assessment decision of the course assessor is provisional and will be confirmed (or not) after the assessment evidence for each candidate is moderated by ITC.</li> <li>I understand the rationale of the course and agree that it is suitable for myself.</li> </ul>					
Signature	Date				
Qualification Title					
Course Venue					