

TA Course Enrolment Form

IQLUK



| Candidate Details | | | |
|---------------------------|--|-------------------|--|
| Title: | | Name: | |
| Address | | | |
| Date of Birth: | | Telephone: | |
| Email: | | | |
| Emergency Contact Details | | | |
| Name: | | Telephone: | |

HOW RLSS UK USE YOUR DATA

By completing this form, you agree to RLSS UK and its two limited companies RLSS UK Enterprises Limited (trading as RLSS Direct) and IQL UK Limited processing and storing your personal data for the purpose of fulfilling our contract to provide you with your award or qualification. We promise your personal data will only be used by RLSS UK, RLSS Direct and IQL UK Limited. We will keep your data safe and will never share it with other organisations without your permission.

For full details of how we process and store your data please refer to our Privacy Policy that can be found at rlss.org.uk/privacy.

How Sandford Parks Lido uses your data;

To see how to Sandford Parks Lido complies with GDPR, please see our Privacy Policy at;
www.sandfordparkslido.org.uk/about/privacy

| Course Prerequisites – All learners must meet the following criteria before starting the course (please tick) | ✓ |
|---|---|
| Be 18+ years of age at the start of the course | |
| Hold current RLSS membership | |
| Hold the necessary qualification for the specialism you are attending <i>Example- If you are attending a NPLQ specialism you must hold a current NPLQ)</i> | |

| Specialist Learning Requirements | Yes | No |
|---|-----|----|
| Do you have any specialist learning requirements? | | |
| Do you have a disability / medical condition? *please note a good level of vision and hearing is required for this course | | |
| If you have answered yes to either of the above, please provide further details below on how we can assist with your learning: | | |
| | | |

| Declaration |
|---|
| I declare that all of the information I have provided on this enrolment form is true and accurate. I understand that if I have failed to declare any specialist learning requirements at this stage, this may impact my ability to successfully pass the assessment and gain the qualification. |

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| | | | |
|--------------------|--|-------|--|
| Learner Signature: | | Date: | |
|--------------------|--|-------|--|