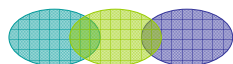


Amazing Grace Personnel



COURSE APPLICATION FORM

Course applied for, tick relevant box:

COURSE

- DIPLOMA Level 2 & 3 HEALTH & SOCIAL CARE
- NVQ Level 1-4 CERTIFICATE / DIPLOMA IN BUSINESS AND ADMIN
- ASSESSOR & V1 VERIFIER COURSES (VARIOUS)
- MENTAL HEALTH CERTIFICATE
- HEALTH & SOCIAL CARE FOUNDATION TRAINING
- RE-ENABLEMENT
- PRINCIPLES OF PERSON CENTRED CARE
- BASIC FOOD HYGIENE TRAINING
- HEALTH & SAFETY AT WORK
- FIRST AID
- MOVING, HANDLING & TRANSFERING OF PATIENT
- FIRE PREVENTION & SAFETY
- RISK ASSESSMENT
- INFECTION CONTROL
- COSHH
- RIDDOR
- MANAGING VOILENCE AND AGGRESSION
- CPR – CARDIAC PULMONARY RESUSCITATION
- POVA
- ABUSE & RESTRAINT (INDUCTION)
- ADMINISTRATION OF MEDICINE

DURATION

- 6-9 MONTHS
- 6-9 MONTHS
- 3-9 MONTHS
- 2 WEEKS
- 2 WEEK
- 1 DAY
- 1/2 DAY
- 1/2 DAY
- 1/2 DAY
- 1/2 DAY
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- 1/2 DAY
- 1/2 DAY
- 1/2 DAY
- 1/2 DAY

Please contact the Centre for information on prices or details of other courses not listed

NOTE: ALL TRAINEES HAVE A DUTY UNDER THE LAW TO ENSURE, SO FAR AS IS REASONABLY PRACTICABLE, THAT THEY TAKE CARE OF THEIR HEALTH, SAFETY AND WELFARE AT THE TRAINING CENTRE, WORK AND WHILE ATTENDING PRACTICAL EXPERIENCE WHERE EVER IS APPLICABLE. SO YOU MUST ENDEAVOUR TO TAKE PROPER CAUTION AT YOUR PLACEMENT CENTRE TO SEE THAT YOU ARE NOT INJURED OR CAUSE INJURY TO OTHERS.

First Name(s):-..... Surname:
(The names as you want it to appear on your Certificate)

Address.....

..... Post code.....

Telephone number..... Mobile phone number.....

Email.....

Date of Birth..... Place of Birth.....



When are you available to start?.....

How did you hear about the Agency?.....

Do you have any disabilities? **YES/NO**,
If Yes please state clearly the kind of disability

.....

Do you have a criminal record or are you involved in any court case? **YES /NO**

Do you clearly understand and write English? **YES/NO**

If your answer is NO, What language do you speak and understand?.....

Do you need any special assistance in learning or hearing? **YES/NO**,
If yes please give details:

.....

DATE.....**SIGNATURE**.....

Please send the completed form to:
Amazing Grace Personnel
489 Kingsland Road
London
E8 4AU