



*Correspondence Course Registration Form*

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Post Code* \_\_\_\_\_

*Phone Number* \_\_\_\_\_

*Email Address* \_\_\_\_\_

*Please note that course must be completed within 12 months of start date.*

*Signature* \_\_\_\_\_

*For office use only :-*

*Initial pack sent* \_\_\_\_\_

*Test paper A returned* \_\_\_\_\_ *Lesson C sent* \_\_\_\_\_

*Test paper B returned* \_\_\_\_\_ *Lesson D sent* \_\_\_\_\_

*Test paper C returned* \_\_\_\_\_ *Lesson E sent* \_\_\_\_\_

*Test paper D returned* \_\_\_\_\_ *Lesson F sent* \_\_\_\_\_

*Test paper E returned* \_\_\_\_\_ *Lesson G sent* \_\_\_\_\_

*Test paper F returned* \_\_\_\_\_ *Lesson H sent* \_\_\_\_\_

*Test paper G returned* \_\_\_\_\_ *Ass. Test Pro* \_\_\_\_\_

*ASS TEST NOS.* \_\_\_\_\_

*Cab office test date* \_\_\_\_\_