



# CORRESPONDENCE COURSE REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Telephone No \_\_\_\_\_

Mobile \_\_\_\_\_

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

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

Signature \_\_\_\_\_

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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.** \_\_\_\_\_

**Council Test Date:** \_\_\_\_\_