



## Tendering and Procurement Practice

# Learner Registration Form

Have you ever been registered as a Learner with the OCN London Region (OCNLR)? YES / NO (*Please Circle*)

If YES please quote your OCNLR Registration Number .....

**Section 1 –** The details in this section are required by OCNLR for the purposes of administration and the issue of certificates.

First Name(s) .....

Last Name .....

Home Address .....

.....

.....

Post Code .....

Date of Birth ...../...../.....

Gender: MALE / FEMALE (*Please Circle*)

Ethnicity: (*Please Tick*)

01 White British	
02 White Irish	
03 Any other White background	
04 Mixed White and Black Caribbean	
05 Mixed White and Black African	
06 Mixed White and Asian	
07 Any other Mixed background	
08 Indian	
09 Pakistani	
10 Bangladeshi	
11 Any other Asian background	
12 Caribbean	
13 African	
14 Any other Black background	
15 Chinese	
16 Any other ethnic group	

Employment Status (*Please Tick*)

FS Full-time student	<input type="checkbox"/>
FT Employed - full-time	<input type="checkbox"/>
PT Employed - part-time	<input type="checkbox"/>
RE Registered unemployed - seeking work	<input type="checkbox"/>
UN Unwaged - not seeking work	<input type="checkbox"/>

Ability (*Please Tick*)

01 I consider I have a learning difficulty &/or disability	<input type="checkbox"/>
02 I do <b>not</b> consider I have a learning difficulty or disability	<input type="checkbox"/>

**Section 2 - Contact details and Availability**

If any of the following numbers/email addresses do not apply please leave them Blank.

As Group Tutorials will be conducted by Teleconferencing, please be sure to insert the Telephone number to be used for this purpose.

Home Tel	<input type="text"/>
Home Fax	<input type="text"/>
Home Mobile	<input type="text"/>

Work Tel	<input type="text"/>
Work Fax	<input type="text"/>
Work Mobile	<input type="text"/>

<b>Telephone Number for Teleconferencing</b>	<input type="text"/>
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Please place a <b>X</b> against any day(s) when you will <b>not</b> normally be available for Teleconferencing.	Monday	<input type="checkbox"/>
	Tuesday	<input type="checkbox"/>
	Wednesday	<input type="checkbox"/>
	Thursday	<input type="checkbox"/>
	Friday	<input type="checkbox"/>

The Centre will use mainly Email for communication and the sending of documentation and course material.

Please note that mobile devices capable of receiving Emails may not be able to receive attachments.

Personal Email	<input type="text"/>
Work Email	<input type="text"/>
Alt've Email	<input type="text"/>

**Section 3 – Employer details**

Name of Organisation .....

Company Registered No..... Charity No. ....

Address .....

.....

.....

Post Code ..... Tel: ..... Fax .....

Email .....

**Please register me as a Learner on this Course.**

\* I enclose a cheque for the Course Fee of £ ..... / My Employer is responsible for the Course Fee

*\*Please delete as appropriate*

Signed .....

Date .....

**Course Fee:** Registered Charities £1138.50 (£990.00 + VAT) Public/Private sector £1437.50 (£1250.00 + VAT)

**If your Employer is responsible for the Course Fee please have them complete Section 4**

**Section 4 – Employer confirmation**

We confirm that the details given above are correct and that we accept responsibility for the payment of the Course Fees for the person named.

Signed .....

Date .....

Name .....

Position .....

Cheque enclosed for £ .....

Please Invoice..... P O No.....

We will pay by: Cheque ..... BACS .....

Email Address for Receipt/Invoice ... ..