

# Course Application Form



**Course:** NEBDN Level 3 Diploma in Dental Nursing

## PERSONAL INFORMATION

Title (Mr/Mrs/Ms/Other)			
Full Name			
Date of Birth (dd/mm/yyyy)		Nationality	
Email			
Mobile			
Telephone			

## CURRENT LOCATION

Address line 1	
Address line 2	
City	
Postcode	

## EMERGENCY CONTACT DETAILS

Full Name	
Email	
Mobile	
Relationship to Applicant	

## EDUCATIONAL BACKGROUND

Qualification Name	Year of Completion	Grade

## CRIMINAL BACKGROUND CHECK

Do you have/had a CRB/DBS check:  Yes  No

If yes, please specify	
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## MEDICAL DETAILS

Hepatitis B vaccination?  Yes  No

Covid-19 vaccination?  Yes  No

Please use this space to tell us if you are having any medical issues.

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## Fee & Payment Options

The total fee is £2000.

Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>
Full Upfront	Initial Deposit: £500
£200 Discount	Exam Registration: £500
Total fee after discount: £1800	Equal Monthly Instalments (£125x8): £1000

*Note: The fees are non-refundable. Please read the refund policy as well as other policies provided by the college.*

## DATA PROTECTION ACT NOTICE

The information given on this application form will be electronically stored and used for administrative purposes by the organization in accordance with the provisions of the Data Protection Acts 1994 and 1998. The organisation may send you details of relevant courses and qualifications including services that may interest you.

## DECLARATION

I confirm that the information given on this form is true, complete and accurate and that none of the information requested or other material information has been omitted. I have read and agreed to the terms and conditions of the Forward Academic Team College and accept that if it is discovered that I have supplied false, inaccurate or misleading information, college reserves the full right to cancel my application, withdraw its offer of a place or terminate attendance at the college and I shall have no-claim against Forward Academic Team College in relation there to.

*I agree and also confirm, I have received and been informed about the college policies including the refund policy, complain policy and appeal policy and procedure.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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