





# COURSE BOOKING FORM

## CANDIDATE PROOF OF IDENTIFICATION

The following indicates the forms of evidence that must be seen prior to sitting the tests. An examination cannot be sat unless the items of identification are provided (ID MUST BE PRESENTED AT EACH EXAMINATION SITTING). This could be an audit requirement by the SIA.

The rule is:

**TWO** types from Group A list. At least one document must show the candidates current address and at least one document must show the candidates date of birth.

Or

**ONE** identity document Group A and **TWO** documents from the Group B list. At least one document must show the candidates current address and at least one document must show the candidates date of birth.

### Primary documents from Group A

|           |  |  |
|-----------|--|--|
| <b>A1</b> | Signed valid passport of any nationality   |  |
| <b>A2</b> | <b>OLD CODE -DO NOT USE</b>  |  |
| <b>A3</b> | Signed UK photo driving licence (photo licence both parts required)                    |  |
| <b>A4</b> | UK birth certificate or certified copy issued within 12 months of birth, not photocopy |  |
| <b>A5</b> | <b>OLD CODE -DO NOT USE</b>  |  |

### Primary documents from Group B

|            |   |  |
|------------|---|--|
| <b>B1</b>  | Valid EU photo ID card  |  |
| <b>B2</b>  | Valid UK firearms licence with photo  |  |
| <b>B3</b>  | Signed UK paper driving licence   |  |
| <b>B4</b>  | Marriage certificate or civil partnership certificate, with translation, if not in English  |  |
| <b>B5</b>  | Certified copy (not photocopy) of a UK birth certificate issued more than 12 months after date of birth   |  |
| <b>B6</b>  | Non UK birth certificate, with translation if not in English  |  |
| <b>B7</b>  | P45 statement of income for tax purposes issued in last 12 months   |  |
| <b>B8</b>  | P60 annual statement of income tax purposes issued in last 12 months  |  |
| <b>B9</b>  | Bank or building society statement issued to current address, less than 3 months old (can be different banks/building society)  |  |
| <b>B10</b> | Mortgage statement issued in last 12 months   |  |
| <b>B11</b> | Gas, electric, phone, water, satellite, cable bill issued to current address within last 3 months. <b><i>You can only use one utility bill in support of your application.</i></b>      |  |
| <b>B12</b> | <b>OLD CODE -DO NOT USE</b>   |  |
| <b>B13</b> | Pension, endowment or ISA statement issued in last 12 months  |  |
| <b>B14</b> | <b>OLD CODE -DO NOT USE</b>   |  |
| <b>B15</b> | British work permit or visa issued in last 12 months  |  |
| <b>B16</b> | Letter from HMRC, DWP, Job Centre, or local issued within last 3 months. More than one letter can be used if issued by different government departments or different local authorities. |  |
| <b>B17</b> | Credit card statement for current address within last 3 months  |  |
| <b>B18</b> | Council Tax statement issued in the last 12 months  |  |
| <b>B19</b> | <b>OLD CODE -DO NOT USE</b>   |  |
| <b>B20</b> | Child benefit book issued in the last 12 months   |  |
| <b>B21</b> | <b>OLD CODE -DO NOT USE</b>   |  |
| <b>B22</b> | UK adoption certificate   |  |



# COURSE BOOKING FORM

| SPECIAL SUPPORT / ASSISTANCE  |          | COMMENTS                   |          |
|---|----------|----------------------------|----------|
| I have special needs  | YES / NO |                            |          |
| I require help with reading and writing   | YES / NO |                            |          |
| I am dyslexic   | YES / NO |                            |          |
| I am a wheelchair user or have mobility difficulties  | YES / NO |                            |          |
| I have epilepsy, diabetes or asthma   | YES / NO |                            |          |
| Other (please specify)  | YES / NO |                            |          |
| FITNESS ASSESSMENT  |          |                            |          |
| <b>Have you ever been diagnosed as having, currently experiencing, or on medication for any of the following? (You will have to complete the NFPS Health Questionnaire if doing the Door Supervisor Unit 4)</b> |          |                            |          |
| Back Injury   | YES / NO | Arm or wrist injury        | YES / NO |
| Neck Injury   | YES / NO | Knee or leg injury         | YES / NO |
| Hernia  | YES / NO | Hip injury                 | YES / NO |
| Heart condition   | YES / NO | Angina                     | YES / NO |
| High blood pressure   | YES / NO | Asthma                     | YES / NO |
| Bronchitis  | YES / NO | Arthritis                  | YES / NO |
| Are you currently pregnant  | YES / NO | Do you wear contact lenses | YES / NO |
| Please give more specific details if you have answered YES above:   |          |                            |          |
|   |          |                            |          |

| DATA PROTECTION DECLARATION   |
|---|
| <p>Impact Security Services Ltd needs to hold certain personal information about students. Information will be held in accordance with the Data Protection Act 1998. Personal data will be used for a variety of purposes that Impact Security Services Ltd considers to be of benefit to students including (but not restricted to) monitoring performance, statistical reporting, awarding qualifications and provision of services. Agreement to the processing of personal data is a condition of acceptance onto any course. By applying for a course you signify your agreement to this processing.</p> <p>You should note in particular that:</p> <ul style="list-style-type: none"> <li>You are agreeing to Impact Security Services Ltd releasing appropriate information to relevant third parties such as BTEC, Edexcel, Highfield Awarding Body for Compliance, NFPS, employers and prospective employers, providers of training contracts and other appropriate organisations or individuals. This may include providing references on your behalf or information relating to your performance.</li> <li>Sensitive personal data (as defined under the Act) <b>WILL NOT</b> be disclosed without your specific consent.</li> <li>Information <b>WILL NOT</b> be released to third parties for marketing purposes.</li> </ul> |

| STUDENT DECLARATION   |              |           |      |  |  |  |
|---|--------------|-----------|------|--|--|--|
| I declare that I have answered all of the questions in this booking form correctly. I am fit and able to undertake the training and that it is my responsibility to make the course tutor(s) aware of any medical condition/ailment/medication that is current. |              |           |      |  |  |  |
| <table border="1"> <thead> <tr> <th>NAME (PRINT)</th> <th>SIGNATURE</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </tbody> </table>  | NAME (PRINT) | SIGNATURE | DATE |  |  |  |
| NAME (PRINT)  | SIGNATURE    | DATE      |      |  |  |  |
|   |              |           |      |  |  |  |