

APT

Academy of Performance Training

APPLICATION FORM

Which base would you like to attend Guildford Chichester

Part-time evening courses

Course 1 = One evening per week

Course 2 = Two evening's per week

1 year Full-time Foundation Course (Guildford)

Mr Miss Mrs Ms

Last name: _____

First name: _____

Date of birth: _____ Height: _____

Nationality: _____

Address: _____

Post code: _____

Telephone: _____

Mobile: _____

E-mail: _____

Relevant training/experience: _____

Alternative contact details: _____

How did you hear about APT: _____

I declare that the information given is correct. I further agree to the academy's terms and conditions as set out on the company website. I understand that fees are payable at the start of each term prior to the start of the course.

Signed: _____ Date: _____

Print name: _____

The personal data included in this form will be processed by APT for the purpose of administration only. All information will remain private and confidential.