

EDUCATION BUSINESS PARTNERSHIP CENTRE HOLIDAY COURSES APPLICATION FORM

Please write the course code you are applying for

Course Code:	
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**Please ensure this form is completed in full, and returned by Friday 8th February 2019
(Applications after this date and time will not be accepted)
PLEASE NOTE INCOMPLETE FORMS WILL NOT BE PROCESSED**

Name of participant _____

Home address _____

_____ **Postcode** _____

Parent/Guardian name _____ **CDSID** _____

Work telephone number _____ **Mobile No** _____

Email address (home) _____

Email address (work) _____

Department/work area (Block Number) _____

Date of birth _____ **Age** _____ **School year group** _____

Hobbies/areas of interest _____

What type of career would you like in the future? Explain why. _____

What are your expectations of the day? _____

Have you taken part in a EBPC event before? If so when _____

Participant's signature _____ **Date** _____

Parent/Guardian consent

I am happy for my son/daughter to take part in the day's activities, some of which may be photographed and used in publicity material -

Yes No

My Child has any medical conditions -

Yes No

If your child is on any kind of medication or has any condition, it is essential that you give details below.

I am happy for my child to travel on the Jaguar Land Rover mini bus - Yes No

Parent/Guardian signature _____ Date _____

Print name _____

Please be aware that you will need to provide a packed lunch for your child

Return to: inspiring@bmet.ac.uk

OFFICE USE ONLY:

Date returned:
Place Offered :

Time returned:
Place Accepted :