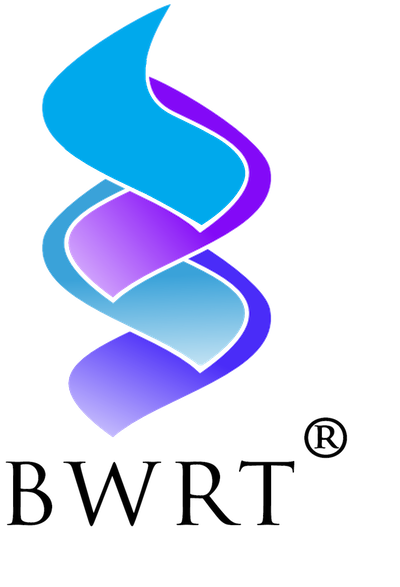
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**BWRT Level 1 Training**

**INITIAL APPLICATION FORM**

*Please complete both pages of this form and send it as an email attachment (photo or scan is acceptable) to* [*laura@bwrtireland.ie*](mailto:laura@bwrtireland.ie) *– we will contact you as soon as possible after receipt.*

**Initial Application for Training**

|  |  |
| --- | --- |
| **Name** | **Date of birth** |
| **Address** | **Email:**  **Tel:** |

|  |
| --- |
| **List (a) your primary training provider; (b) details of the course; (c) when completed**  *(‘Primary’ here means the provider of what you consider to be your main training)* |
| **List any serious illness (including psychological)** *These are not necessarily a bar to study but will allow us to advise where we think the course may be unsuitable for you* |
| **Do you have any criminal convictions?** *(If ‘yes’ please give details)* |

By signing below, you confirm that all details given above are correct to the best of your knowledge at the date of signing.

**Name: Signature:**

**Date:**

**PRIVACY NOTICE:**

The information you supply here will not be shared or distributed in any form to any third parties and will be used *only* in connection with your application to enrol on the BWRT® **Level 1 Training Course.** You may request that the data contained is destroyed after your application is either approved or refused by signing below.

**Please destroy all data disclosed in this form after processing:**

**Signature: Date:**