**GTA Education**

**Registration / Booking Form**

1. ***Candidate Details - Please ensure you write your name as you would like it to be displayed on your certificate***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title*(Circle as applicable)* | | | **Mr** | **Mrs** | **Miss** | **Ms** | **Other:** | | | |  | | Reg. Number |  |
| **Surname** | | |  | | | | | | | | | | | |
| **Forename(s)** | | |  | | | | | | | | | | | |
| **Date of Birth** | | |  | | | | | | | Gender | |  | | |
| **Home Address** | | |  | | | | | | | | | | | |
|  | | | | | | | Postcode | |  | | |
| **Telephone Number** | | |  | | | | | | | Mobile Number | |  | | |
| **Email Address** | | |  | | | | | | | | | | | |
| ***Do you have any physical or mental health difficulties that may affect your learning? - Please tick appropriate*** | | | | | | | | | | | | | | |
|  | | Visual Impairment | | | | | |  | Temporary Disability after illness or accident | | | | | |
|  | | Hearing Impairment | | | | | |  | Speech, language & Communication Needs | | | | | |
|  | | Disability Affecting Mobility | | | | | |  | Other Physical Disability | | | | | |
|  | | Profound Complex Disabilities | | | | | |  | Other Medical Condition (Epilepsy/Asthma/Diabetes) | | | | | |
|  | | Social & Emotional Difficulties | | | | | |  | Other Disability | | | | | |
|  | | Mental Health Difficulty | | | | | |  | Prefer not to say | | | | | |
|  | | Asperger’s Syndrome | | | | | |  | None | | | | | |
| ***Do you have any learning disabilities? - Please tick appropriate*** | | | | | | | | | | | | | | |
|  | Moderate Learning Difficulties | | | | | | |  | Other Specific Learning Difficulty (e.g. Dyspraxia) | | | | | |
|  | Severe Learning Difficulties | | | | | | |  | Other Learning Difficulty | | | | | |
|  | Dyslexia | | | | | | |  | Prefer not to say | | | | | |
|  | Dyscalculia | | | | | | |  | None | | | | | |
|  | Autism Spectrum Disorder | | | | | | |  |  | | | | | |
| If you have selected any difficulties above and would like to request additional support before starting your course or undertaking any exams, please explain what support you would like to request ***- Please attach any recent evidence of any assessments / confirmation of the need for additional support to this booking form***: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

1. ***Employer Details – GTA Education will invoice your employer for the total cost of your fees.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name** |  | | |
| **Employer Contact** |  | | |
| **Employer Address** |  | | |
|  | Postcode |  |
| **Telephone No** |  | VAT Number |  |
| **Email Address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Accounts Contact Name *(if different from employer details)*** |  | **Accounts Telephone** |  |
| **Accounts Email** |  | | |

1. ***Course Details - Please indicate below the course and date you would like to be booked on to.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification Title (including level and route):** | **Days** | **Course Date(s)** | **Cost (Excl. VAT)** |
| Level 3 Award in MOT Test Centre Management (VRQ) | 2 |  |  |
| Level 2 Award in MOT Testing (Classes 4 and 7) | 4 |  |  |
| ATA Light Vehicle Inspection Technician | 3 |  |  |
| L3 Award in Automotive Refrigerant Handling (F-Gas) | 1 |  |  |
| Level 2 in Electric/Hybrid Vehicles | 2 |  |  |
| Level 3 in Electric/Hybrid Vehicles (includes L2) | 3 |  |  |
| Level 4 in Electric/Hybrid Vehicles | 2 |  |  |
| MOT Annual Training and Assessment (code only) | 0 |  |  |
| MOT Annual Training and Assessment (classroom) | 4 hrs |  |  |

1. ***COVID-19 Precautions***

We kindly request that if you are showing symptoms of COVID-19 when due to start your course, that you take a Lateral Flow Test (LFT) as a precaution before arriving. By doing this we can help stop the spread of COVID-19.

1. ***Terms and Conditions***

* Bookings can only be made once GTA Education have received the completed booking form and any other required documentation.
* Completed booking forms and associated documents can be emailed to [rachael@motortradesgta.org](mailto:rachael@motortradesgta.org)
* Upon receipt of completed booking forms and documentation, invoices and joining instructions will be issued and the candidate will be registered with the awarding organisation.
* Candidate name changes are subject to registration fees and any admin fees associated.
* Payments must be made in full at least 14 days prior to the course start date.
* To make a cancellation please call Rachael at GTA Education on 01482 353022.
* Cancellations and amendments made within 14 days of the start date are liable to pay the following fees:
  + 7 to 14 days’ notice - 50% of total cost
  + Less than 7 days’ notice - 100% of total cost
* All cancellation and amendment fees are subject to an additional £80 +VAT admin fee.
* Re-sit fees:
  + Online assessments – 1st re-sit free, thereafter £75.00 +VAT per assessment.
  + Practical assessments - £150 +VAT per attempt
* We reserve the right to cancel courses, when appropriate or for circumstances beyond our control. It is our policy to offer alternative dates in the first instant or if not suitable issue a full refund.
* No liability will be accepted by GTA Education for loss of earnings or expenses should a course be cancelled.

***I agree to the above terms and conditions:***

Candidate Signature: …………………………………………………………………………………………… Date: …………………………………………….

Employer Signature: ……………………………………………………………………………………………. Date: …………………………………………….