

Polyskill Learning Centre Ltd.

508-Olympic House, 28-42 Clements Road, Ilford Essex IG1 1BA

Forename: _____ Middle Name: _____ Sur Name: _____

Address: _____

_____ Post Code _____

Gender: M/F _____ Date of Birth: _____ Nationality: _____

Course _____ Level _____ Full Time/Part Time/ Flexible _____

NI No. _____ Phone No. _____

E Mail: _____

Do you have any disability _____

Do you need special requirements to achieve this course? NO/YES

If yes please specify: _____

Identification Documents: Please tick

Valid Passport	Driving License	UK Birth Certificate	Home Office Letter	Bank Statement	UK ID Card
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Before you sign this form please read the following terms and conditions;

- You have to submit all the required identification documents.
- All documents you submit must be original.
- At least one of the documents must show your clear recent photograph.
- At least one of the documents must show your recent address.
- At least one of the documents must explain your residence status in UK.

For ESOL Only

Assessed By: _____ Assessed Level: _____

Signature _____

Date _____