



Personal Information Record

Form:

CSF06

Version 0.7

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| Information Required | |
|---|--|
| 1. Prefix – Mr/Mrs/Miss/Ms | |
| 2. Name (Ensure this is your full name and matches your ID (passport, driving licence etc. This name will appear on your certificate). | |
| 3. Company name | |
| 4. Job title | |
| 5. Address for your certificate to be forwarded (inc postcode) | |
| 6. Work telephone number | |
| 7. Mobile | |
| 8. Email address | |
| 9. Date of birth (for registration with awarding organisation) | |

I confirm the details above are my own personal details and understand I may be requested to produce identification if requested by KJD COLLEGE LONDON.

Signature of Learner:



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Date:

Equality & Diversity Monitoring

We obtain the following information in order to monitor equality of opportunity for all learners.

Gender: Are you Female Male Prefer not to say

Status (please tick as appropriate)

Non-disabled Have a visual impairment
Have a hearing impairment Have special access needs
Other

If we can assist you in meeting your learning needs by providing additional support, please make your recommendation below:

Initial Assessment

Please answer the following questions to help us understand your course requirements:

1. What experience do you have in this subject area?

2. What relevant qualifications do you have (if any)?

3. Would you like help with written/spoken English, maths or digital skills?

4. What help would you like with study skills and academic writing (if applicable)?

KJD COLLEGE LONDON respect your privacy. For your security and peace of mind we will only supply your details to the Awarding Organisation for registration and certification purposes.



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