Premium Care

REGISTRATION FORM

**Learner Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D.O.B**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**M/F**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Contact No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in employment? (Yes) (No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualification Interest:** (Select the course which applies)Diploma Level 3 in Adult Care  
Diploma Level 4 in Adult Care  
Diploma Level 5 Diploma in Leadership for Health & Social Care

Functional Skills

English Level & Maths

**Training Courses:** (Select the course which applies)

Care Certificate  
Health & Safety  
Fire Safety  
Safeguarding Adults  
Safeguarding Children~  
Medication  
Food Hygiene  
Information Governance  
Infection Control  
People Movers Moving & Handling (Use of hoist machine with slings, commode chair and toilet aid commode)  
Infection Control  
Dementia Awareness  
Diabetes Awareness  
Mental Capacity Act 2005 & DOLS  
First Aid Basic Life Support  
COSHH & RIDDOR   
Epilepsy Awareness  
Safe Medicate (Medication Calculations)  
Vital Signs - Body Temperature, Pulse Rate, Respiration Rate, Blood Pressure (Use of pulse oximeter and both electric and manual blood pressure machines)

**Job Seeker:** (Select the course which applies)Live-in Care

Care support worker / healthcare assistant

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Do you have an NVQ Level 2 qualification or above in any subject? Yes / No

Do you have 5 or more GCSE’s grade A-C Yes / No

Do you have a NVQ Intermediate or Higher Yes / No

Do you have a BTEC 1st Diploma or Higher Yes / No

Do you hold any International Qualifications Yes / No

Have you completed an Access Course Yes / No

Have you already taken an adult Literacy and/or Numeracy Test Yes / No

If the learner has answered ***yes*** to any of the above, they are not eligible for funding. Therefore, they need to be signed up on as private funded learner.

Signed by learner ……………………… Print Name: …………………………………..

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NB : ***Please make sure you complete this and send it to*** [***info@premiumcaretraining.co.uk***](mailto:info@premiumcaretraining.co.uk)***.***

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| Admin use:  Name of Registration officer:  Date:\_\_\_\_\_\_\_\_\_\_\_\_ |