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******.***

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