**MAS Training Ltd**

**Learner Registration**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Title (Mr, Mrs, Miss, Other)** |  |
| **Full Home Address** |  |
| **Postcode** |  |
| **Mobile Phone** |  |
| **Email**  |  |

On the first day of training you must bring a valued ID card or Passport to identify who you are and a trainer or member of staff must be happy with all checks of ID.

**Identification**

* **Passport**
* **Driving license**
* **Utility bill (Proof of Address)**

|  |  |
| --- | --- |
| Learner Signature |  |
| Date Signed |  |
| MAS Staff authorising |  |

**Note.**

1. **The payment must be made in full before the start of the training course**
2. **The payment is non-refundable unless cancelled by the trainer due to illness**
3. **Cancellation of registration must happen at least 5 working days before the start of the training course**.

**Email completed form to,** mastraininguk@gmail.com