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## Trinity Training & Recruitment Services Ltd.

### Registration Form

#### Personal Details (Block Letters)

Title (Mr, Mrs, Ms, Miss) Surname-----

Forename(s) -----

Address-----

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Tel. Daytime: ----- Tel. Evening: -----

Tel Mobile: ----- Email: -----

#### Present Employment:

Employer's Name and Address-----

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Job Title; -----

Date Appointed: -----

**Education and Training Qualifications:**  
Including degrees, diploma, certificate, apprenticeships, etc.

Education Establishment	From -To	Qualification Obtained	Grade	Date

Education Establishment	From To	Qualification Obtained	Grade	Date

**TRAINING REQUESTED (e.g. NVQ 2,3)-----**

## Referees

### Referee 1

Name-----

Address-----  
-----

Postcode-----

Tel. No-----

Relationship-----

### Referee 2

Name-----

Address-----  
-----

Postcode-----

Tel. No-----

Relationship-----

## Emergency Contact

Name-----

Tel. No. -----

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Student's Signature

Date:-----