

**Individual Unit Application**  
**Certificate of Achievement in Rehabilitation Studies**  
**(Visual Impairment)**

**Important**

Please read the Course Details sheet to ensure your application meets the criteria.  
Complete ALL sections and post to the address above

**Section A**    **Personal Details**

Title (i.e. Mr, Mrs, Dr, etc): \_\_\_\_\_ Email: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Address: \_\_\_\_\_  
First Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Section B**    **Education**

Please list any schools, colleges and universities attended (since primary school) and list any qualifications obtained during this time.

**Note:** Proof of qualifications may be required prior to starting the course.

Name of school, college or university	Date attended	QUALIFICATIONS		
		Subjects	Grade	Level (e.g. GCSE)

Please list below any other qualifications or skills that you have which may be beneficial to you on the course you are applying for.

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(Please continue on reverse of this page if necessary)

<b>Section C</b>	<b>Employment History</b>
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Please list below details of any previous/current employment (part time or full time). Please list your most recent position first.

Employer	Job Title & Brief Description of Responsibilities	Employment Date

Please give name and contact details of your current Line Manager:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

\_\_\_\_\_

Phone No: \_\_\_\_\_

Section D	About You
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Tell us which Unit(s) you wish to undertake and why.

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(Please continue on reverse of this page if necessary)

What are your interests and hobbies?

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(Please continue on reverse of this page if necessary)

Do you require a work permit to work in this country? Yes  No

Do you have a current CRB Check? Yes  No

Do you have contact with a Rehabilitation Worker? Yes  No

Please give details of the Rehabilitation worker.

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**Note: The following information is needed so that ALL applicants that may be suitable for the course are offered a programme of study that meets their needs.**

Do you consider yourself to have a disability? Yes  No

Do you have any medical conditions? Yes  No

If yes, please give details below:

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What is your nationality? \_\_\_\_\_

Are You: Male  Female

Please inform us of how the course will be funded. An invoice will be sent to your employer/sponsoring agency for settlement before confirmation of entry on the course.  
**You cannot undertake the course unit(s) without funding in place – see following notes.**

Sponsor Name:

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Invoice Address:

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Tel. No.

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Section E	Declaration
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I agree that the information I have given is accurate to the best of my knowledge and that giving false information will result in an immediate investigation and suspension from the course.

Signed .....

Date .....

## Notes

The following terms and conditions are the terms and conditions of business between Provision Solutions Ltd (Company) and the Sponsoring Organisation (Client) and they are deemed to be accepted by the Client.

1. Where the context permits, words importing the singular shall include the plural and visa versa and words importing the masculine shall include the feminine and neuter and visa versa.
2. For the avoidance of doubt both parties confirm that Provision Solutions Ltd enters into the agreement as an independent contractor and is not, nor shall for any purpose be regarded as an employer.
3. The Client shall pay Provision Solutions Ltd charges at the appropriate rates from time to time in force. Should variation be necessary, one month's notice shall be given to the client before variation commences.
4. An Invoice(s) will be submitted after acceptance of a completed Individual Unit Application form for settlement within fourteen (14) days. BACS payments are accepted – details on request. Cheques to be made payable to 'Provision Solutions Ltd'.
5. Cancellation of Courses will incur the following scale of charges: 13 weeks prior to delivery no charge. 12 weeks – 4 weeks prior to delivery a charge of ten (10) percent of the total cost. Less than 4 weeks prior to delivery of **any** Unit a charge of twenty (20) percent of the total cost. Further charges are incurred once the course Unit(s) commences:  
Prior to completion of any Unit the **full cost** of the training will be invoiced.  
All charges will be the relevant percentage of the total cost plus VAT @15.0%.
6. Provision Solutions Ltd reserves the right to supply an appropriately qualified member of its staff, if for any reason the original staff member is withdrawn.
7. These terms constitute the terms and conditions of business between Provision Solutions Ltd and the Client and no variation of these terms and conditions shall be accepted without the written consent of a director of Provision Solutions Ltd.