

**[Insert name of ] Course Enrolment Form**

**Enrolment does not guarantee acceptance on the course**

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| **Enrolment Form** |
| Candidate name |  |
| Date of birth |  |
| Gender |  |
| Home Address |  |
| Scottish Candidate Number (SCN) number if known |  |
| Candidates must let Inclusive Skating know if any of their personal details change. | **By updating the Sport 80 platform and by e-mail to contact@inclusiveskating.org** |
| E-mail |  |
| Telephone |  |
| Candidates are hereby informed and consent that their personal data will be sent to SQA for the purposes of entering them for an SQA qualification, certification and of maintenance of their record of attainment. | **Signed by Candidate****Date** |
| For Office use only below |  |
| Membership (CID number) |  |
| Group Award |  |
| Year and Date of Group |  |
| Units  |  |
| Progress |  |