



HARPER ADAMS UNIVERSITY COLLEGE

Application/Registration FORM (Form: APLSQP2)

rev3

AMTRA Saddlers' SQP

General Information

BOX 1	1.1 Surname/Family Name	
1.2 Forenames (in full)		
1.3 Title (Mr, Mrs, Miss, Ms, Other)		1.4 Date of Birth
1.5 Age in years on 30 th September 2006		
1.5 Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> (Tick as applicable)		
1.6 Home address		
1.7 Home postcode		
1.8 Home Phone/ Fax Number		
1.9 Home E-mail		
1.10 Nationality		
1.11 Country of Domicile		
1.12 Ethnicity		
1.13 Choose from:		<input type="checkbox"/> <u>Details in this section are for Harper Adams use only</u> <input type="checkbox"/> <input type="checkbox"/> (Tick as applicable) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
No known disability Dyslexia Blind/Partially sighted Deaf/hearing impaired Wheelchair user/mobility Personal Care Support Mental Health Difficulties Unseen Disability		
Multiple disabilities (please specify)		

For official use only

AMTRA	
Date received	
Initials	
Date forwarded	
Initials	
Fee received	

Harper Adams University College			
Submission date		Assessment date	
Registration date		Assessor signature	
Student number		Outcome	
Date onto SIT's		Grade input date	
Initials		Initials	

Qualifications

AMTRA

BOX 2							
2.1 AMTRA Registration number							
2.2 Date AMTRA Qualified (year)			Examination <input type="checkbox"/>		Grandfather Rights <input type="checkbox"/> (Tick as applicable)		
2.3 Where did you do your examination							
2.4 AMTRA Prizes							
2.5 AMTRA Refresher courses attended	Venue			Venue			
	Date			Date			

Educational details

BOX 3		3.1 Have you previously taken any Higher Education course in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick as applicable)					
3.2 Please detail your highest educational qualifications	Qualifications	Level:		Subject:			
	Institution	(where known)					
	Date	Copy of certificate attached		Yes <input type="checkbox"/> No <input type="checkbox"/>			
3.3 Please detail other educational qualifications	School Qualifications						
	Institution	(where known)					
	Date	Copy of certificate attached		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Other Qualifications						
	Institution	(where known)					
Date	Copy of certificate attached		Yes <input type="checkbox"/> No <input type="checkbox"/>				

(continue on separate sheet as required, no of sheets [])

Professional

BOX 4							
4.1 Details of other relevant memberships and professional qualifications							

(continue on separate sheet as required, no of sheets [])

Employment

Please complete the following details as they relate to your **current or most recent** position

BOX 5		Tel:										
5.1 Business address		Fax:										
		E-mail:										
Business postcode	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											
5.2 Is this a RPSGB/AMI registered premises? Yes <input type="checkbox"/> No <input type="checkbox"/>												
5.3 Nature of Business												
5.4 RPSGB/AMI Registration No of premises (if known)												

This section is important as the evidence base on which the APL application will be assessed, please complete with reference to note 6

BOX 6	6.1 Job Title		
6.2 Start date of Employment		Day time Contact No:	
6.3 Details of responsibilities			
<small>(continue on separate sheet as required, no of sheets [])</small>			
BOX 7	Confirmation of Employment	We certify that the above-named candidate is employed in the above-named business and undertakes the role as described	
7.1		Signature	Date
If in employment		Owner/Manager (PRINT NAME)	

Please complete the following details as they relate to your **previous** position

BOX 8		Tel:
8.1 Business address		Fax:
Business postcode		E-mail:
8.2 Was this a RPSGB/AMI registered premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		
8.3 Nature of Business		
8.4 RPSGB/AMI Registration No of premises (if known)		

BOX 9	9.1 Job Title			
9.2 Start date on Employment		End date of Employment		
9.3 Details of responsibilities				

(continue on separate sheet as required, no of sheets [])

If you have worked in more that two Businesses over the past five years please continue on separate sheet as required, no of sheets []

Declaration

BOX 10	Please read these notes and sign the declaration																			
<p>1. I hereby apply for Accreditation of Prior Learning (APL). The information supplied as evidence is correct. I understand you may contact my employer, RPSGB, AMI or AMTRA to confirm the details supplied.</p> <p>2. The information provided will be held on the central student record system of the University College and may be disclosed in accordance with the Data Protection Act. Some of the information on this form will be sent to the Higher Education Statistics Agency for use in statistical analyses.</p> <p>3. The names printed on your transcript of study will be those from this form which you have agreed as correct and have amended as necessary.</p> <p>4. That subsequent changes of address(es), telephone and mobile number should be notified to the Harper Adams University College.</p>																				
Payment to:	AMTRA, Gable Court, Parsons Hill, Hollesley, Woodbridge, IP12 3RB																			
<p>Fee £295 (including VAT of £6.70 on £38.30 of this sum, plus £250 which is exempt from VAT)</p>	Please make Cheques out to 'AMTRA'																			
	You may pay by credit or debit card (Not AMX)																			
	Card Number																			
	Card Type:	Issue:																
Start date:	Expiry date:																	
Signed:				Date:																