

NAFC Marine Centre

Shetland Fisheries Training Centre Trust
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 Website: www.nafc.ac.uk E-mail: info@nafc.uhi.ac.uk



Application Form

QF21

Course Applied For _____ Preferred Date _____

Your Details:

Surname _____
First Name _____
Address _____

Boat Name (if applicable) _____
Tel No. _____
Date of birth _____

Sponsor* (i.e. to whom the invoice for your fees should be sent to. If you are paying your own fees, please leave blank)

Name _____

Address _____

Tel No. _____

Have you a SQA/SCOTVEC Registration Number? Yes/No

If yes please write it in this box

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*If your sponsor is NOT your employer you must enclose written confirmation from your sponsor stating that he/she/they agree to pay your fees.

Education

Secondary School(s)	Dates	Qualifications
Further/Higher Education	Dates	Qualifications

Any further details (Additional qualifications, employment, etc.) _____

Medical Conditions/Disabilities

Please state below if you have any medical conditions (e.g. diabetes, asthma, epilepsy, heart condition, etc.) or disabilities that the centre should be aware of _____

Are you registered disabled? Y/N Delete as applicable

Declaration

I confirm that the above information given is accurate. Signed _____ Date _____

Office Use Only	MC	Y/N	D	Y/N	If Y refer to QMSC
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