

Please complete this **Registration Form** and return to lynda@hascald.co.uk or post to **Hasca Ltd, The Studio, 36 Dickson, Cheshunt, Herts, EN7 6HD**. Forms can be printed, signed, scanned and a pdf file returned or completed and signed electronically.

The form needs agreement and signature by the Candidate, their Manager and the Authorised Purchaser. In signing this form, the Candidate, Manager and Authorised Purchaser are committing to the Candidate participating in the required number of guided learning sessions and in undertaking self-directed learning and to the use of the information provided in this form to enable Hasca Ltd to provide the training service.

(1) Course	
Course Title	
Programme Start Date	
Cost (plus VAT)	

(2) Personal Details			
Title	Select Mr, Mrs, Miss, Ms	Or provide your Title:	
First Name		Surname	
Name to appear on the Certificate			
Address to where the Certificate is to be sent. NB for the foreseeable future e-certificates will be issued			
Postcode			
Mobile		Telephone	
Email			
NOTE: Please phone us (Tel: 01992 629531 or Mobile: 07803 206939) if the Candidate has any special needs of disabilities that would impact training so that we can confirm course suitability.			

(3) Candidates Employment Details
Job Title
Type of Organisation

eg Local Authority, Care Provider, CCG

Name of Organisation
Organisation Address (where you work the majority of your time)
Postcode
Telephone
Any other contact information
Email
Please provide a brief description of job role
(4) Candidates Training
Why do you want to do this course?

Have you completed any relevant courses in the last 2 years? Please List

Candidate Name (print)		Date	
Signature			
Manager Name (print)		Date	
Signature			
Manager Email address			

(5) Approval

On behalf of the Organisation below I agree to the purchase of a place for the Candidate, whose details are provided on this form, on the course entered in Section 1 of this form that is to be delivered by Hasca Ltd at the cost, plus VAT, entered in Section 1 of this form.

Authoriser Name			
Authoriser Job Title			
Name of Organisation			
Purchase Order No			
Organisation (invoicing) Address			
Postcode			
Authoriser Signature		Date	
<p>Please note: payment terms are 30 days from receipt of invoice. No refunds possible once the learner has been registered on and attended induction or any learning sessions.</p>			

(5) How we use your data

On this **Registration Form** we capture personal information about you solely for the purpose of providing the training service. In providing training we use a number of systems which are password protected.

We are committed to ensuring that your privacy is protected and the information which you provide is managed across all systems that we use in accordance with our **Privacy Policy** which is available to read via our website and if you have any questions about this please contact us at any time via:

Tel: 01992 629 531

E-mail: Lynda@hascald.co.uk

Please indicate that you to agree to our use of your personal data as described above this by selecting '**Agree Y**' below.

I agree to the use of my personal information as described in this Registration Form.

Agree

Y/N

(6) Keeping in Touch

As part of training provision, we will need to keep in touch with you through email using the email address which you have provided in section **(2) Personal Details**. From time to time we would also like to email you with information on future courses or related information which we think would be of interest to you. If you wish to receive this information please provide your explicit consent to this by completing the '**Subscribe email**' address below with the email address that you would like us to use for this purpose.

I agree to receiving emails related to future courses and related information which should be sent to the following email address.

Subscribe Email

If at any time you wish to stop receiving emails please contact us on:

E-mail: Sharon@hascald.co.uk with the word 'Unsubscribe' in the subject of the email.