

Candidate Application Form

THIS FORM MUST BE COMPLETED IN FULL USING BLOCK CAPITALS

THIS FORM IS TO BE USED TO ENTER THE DETAILS OF A CANDIDATE WHEN INVITING THEM ON THEIR BEHALF TO AN ONLINE COURSE

Candidate Learner Number:									
Course Title:					Course Number:				
Expiry date of existing qualification: (if applicable)					Certificate number if known:				
STA Membership number if member: _____ STA Candidate number if known: _____ *Mr/Mrs/Miss/Ms: _____ *Surname: _____ *First Name: _____ *Address: _____ *Post Code: _____ *Telephone Number Home: _____ *Date of Birth: _____ *Telephone No Work/Mobile: _____ E-mail: _____									
If you, as the candidate do not comply with the pre-requisite requirements, the STA will not issue a certificate and you will not be qualified.									

THIS QUESTION MUST BE ANSWERED		
* Have you, anywhere in the world, ever been convicted, cautioned or investigated by the police in relation to any allegation of a sexual offence (for these purposes sexual offence shall include any offence referred to in Schedule 3 to the Sexual Offences Act 2003). [Delete as appropriate]	YES	NO
* I confirm that I am under 18 years old (under 16 in Scotland) and I decline to answer this question. (✓)		
<i>By signing this form you undertake to contact the STA immediately if at any time in the future, anywhere in the world, you are convicted, cautioned or investigated by the police in relation to any allegation of a sexual offence as defined above and confirm the above information is correct.</i>		
*Candidate's Signature:		*Date:

TO BE COMPLETED BY THE COURSE ORGANISER OR TUTOR	
I confirm that: [delete as applicable] a) The above named candidate is known to me personally, or b) I have seen evidence of the candidate's identity (i.e. passport or other photographic means of identity) c) If the course is a revalidation, the candidate's qualification is in date	
*Signed:	*Date:

Fields marked * are mandatory.