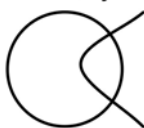


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TMS APPLICATION & ENROLMENT FORM

Full Name (As you want it to appear on your Certificate if applicable)	
Practice Name	
Practice Address line 1	
Practice Address line 2	
Practice Address line 3	
Practice Postcode	
Contact Telephone Number	
Your email address that we can contact you on	
Date of Birth (required for course accreditation)	
Payment Method Please note course materials cannot be supplied until payment is received. If using BACS please use the TMS invoice number as the payment ref	Please indicate your choice of payment method Cheque <input type="checkbox"/> we will send you an invoice Credit Card <input type="checkbox"/> we will telephone you to take the details BACS <input type="checkbox"/> Our BACS details will be on the invoice.
I would like to undertake this course through <i>traditional/online/blended*</i> learning (*indicate as applicable) <i>*We appreciate that candidates may from time to time wish to change their chosen learning method to suit their personal circumstances. This section simply gives us an indication of the likely demand on our resources and, although in some circumstances it may not be possible to swap from one learning method to another if local demand does not enable us to run certain courses every year, we will do everything we can to accommodate your needs.</i>	
Signed	
Dated	
Please return this application to us directly for further advice, so that you may be considered for a place on the course as soon as possible.	
Student No (Office use only)	