

Registration

Name:	
Address:	
Date of Birth / Age:	
School:	
Phone Number:	
Email:	

Projected/Actual GCSE subjects & grades:
Hobbies / Part Time / Voluntary Jobs:
Work History:

Interested in (please tick):

Beauty Therapy	<input type="checkbox"/>
Business Administration	<input type="checkbox"/>
Childcare	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>
Hairdressing	<input type="checkbox"/>
Health & Social Care	<input type="checkbox"/>

Play Work	<input type="checkbox"/>
Retail	<input type="checkbox"/>
Social Media / Digital Marketing	<input type="checkbox"/>
Team Leading / Management	<input type="checkbox"/>
Warehouse & Distribution	<input type="checkbox"/>
	<input type="checkbox"/>

I agree to my Registration Form being shared with prospective employers (please tick to confirm)

Signature Date