

**SUSSEX BRANCH
T/A COURSE/MODULE PROGRAMME APPLICATION FORM**

Title/No: of Module(s):.....

Venue:.....

Date(s):.....

Name: (Mr/Mrs/Miss*):.....

Address:

.....

.....Post code:.....

Tel No:(STD).....(Number):.....

Date of Birth:

RLSS UK Membership No:

Pre-requisites & dates (please attach copies):.....

.....

RLSS awards & dates (please attach copies):.....

.....

Medical conditions, (this information will be treated in confidence):.....

.....

Dietary requirements if residential:.....

Closing date for applications is late applications will be considered.

Cheque for £ is enclosed, in full payment for the module(s) fee,
cheque made payable to **RLSS UK SUSSEX BRANCH.**

Signed:..... Date :

Please forward completed application form and payment to: Di Cooke,
17,Austen Way, Rock Lane, Guestling nr Hastings East Sussex TN35 4JH
Tel: 07970 424669

Please send a stamped SAE with your application.