

# Registration Form - R1

Please forward the completed form to:



SEMTA  
Policy UK  
Wynyard Park House  
Wynyard Park  
Billingham  
TS22 5TB

<b>Name &amp; Address of Approved Provider:</b>				<b>Name &amp; Address of Employer:</b>			
<b>Post Code:</b>				<b>Post Code:</b>		<b>Contact:</b>	
<b>Please register the candidate detailed below on behalf of the Approved Provider</b>							
<b>Name:</b>			<b>Signature:</b>			<b>Date:</b>	
<b>Surname:</b>				<b>Forename:</b>			<b>Initials:</b>
<b>Date of Birth</b>		<b>Sex</b>		<b>PLEASE ✓ APPROPRIATE BOX IN THE FOLLOWING SECTIONS.</b>			
<b>D</b>	<b>M</b>	<b>Y</b>	<b>M or F</b>				

## Ethnic Origin Options

White		Black/Other		Bangladeshi	
Black/Caribbean		Indian		Chinese	
Black/African		Pakistan		None of these	

## Discipline Options

Electrical		Machining		Ship Repair	
Electronic		Mechanical		Shipbuilding	
Foundry/Casting		Multi-Skilled		Welding/ fabrication	
Instrumentation		Semiconductor		Other	
<b>If you have selected OTHER please specify.</b>					

## Pathway Options

Technical Operator		Management/Supervision	
Craft		Technician	
Graduate		Continuing Personal Development	
Commercial			

## Programme Components

Vocational Qualification Target	L2		L3		L4		L5		Other	
Educational Component Target	VRQ		NC		HNC		HND		Other	
Core Skill Component	Int 1		Int 2		Higher		Equiv		Other	

## SEMTA Office use only

<b>Date received:</b>		<b>Date processed:</b>	
<b>Reg Number:</b>		<b>Processed By:</b>	

