

**Mohair Centre Training**  
**REGISTRATION FORM**



**NAME:**

**ADDRESS:**

**POST CODE:**

**E-MAIL ADDRESS:**

**PHONE NUMBER**      HOME:  
MOBILE:

**DATE OF BIRTH:**

**PLEASE CIRCLE THE QUALIFICATION YOU WISH TO APPLY FOR:**

NOCN Level 2 Award for Forest School Assistants

Qualification No: 603/2996/8

NOCN Level 3 Certificate for Forest School Leaders

Qualification No: 603/2994/4

Forest School Team Building Level 1 (Mohair Centre)

**MAIDEN NAME (if applicable):**

**WORKPLACE ADDRESS AND PHONE NUMBER:**

**LINE MANAGER:**

**SOURCE OF FUNDING:**      SELF / WORKPLACE FUNDED  
(Payment in full)  
SELF / WORKPLACE FUNDED  
(Instalments)

## **TRAINING MONITORING:**

**Gender** (Please circle where appropriate)

Male          Female

Please specify below whether you have any additional needs:

**Age:**          16-24                  25-49                  50+

**Ethnicity:** (Please specify)

**Please give a brief explanation of your experience with Forest School, what age-group you might be involved with.**

### **Relevant Professional Qualifications (giving dates)**

- Level 2 & above
- First Aid
- Safeguarding
- Basic Food Hygiene

**Candidate Signature:**

**Date:**

Please return this form to:

**MOHAIR CENTRE TRAINING**

2 Park Farm Cottages, Laughton ,Lewes, East Sussex, BN8 6BU

Telephone Number: (01825) 840 759

Email: [mohaircentretraining@hotmail.co.uk](mailto:mohaircentretraining@hotmail.co.uk) [www.mohaircentre.co.uk](http://www.mohaircentre.co.uk)