Course Application Form 2025-26

If you need help choosing a course or completing this application form, please email info@allactive.co.uk or telephone 01227 831 840. A confirmatory email will be sent when a place on the course has been booked.

1. PERSONAL DETAILS

Title		Date of Birth		Gender	
First Name(s)		Telephone			
Surname		Email			
Address					

2. COURSE DETAILS Please enter details for the course/s you would like to study along with the course date or format (online).

Course Title		Date/Format	

3. EMERGENCY CONTACT DETAILS Please give the details of someone who can be contacted in case of an emergency.

Name			
Telephone		Relationship to you	

4. EQUAL OPPORTUNITIES Please complete the following information accurately to help us comply with the Equality Act 2010 and ensure that you are treated fairly. All information is confidential, seen by a limited number of staff and our reporting mechanisms guarantee data protection. **Please indicate your ethnic origin:**

Bangladeshi		African		White and Asian		English/Welsh/Scottish/ Northern Irish/British	
Indian		Caribbean		White and Black African		Irish	
Pakistani		Any other Black/African/ Caribbean background		White and Black Caribbean		Gypsy or Irish Traveller	
Chinese		Arab		Any other mixed/multiple background		Any other White background	
Any other Asian background		Any other ethnic group					

5. SUPPORT FOR LEARNING We welcome applications from people with special needs and will try to meet their needs wherever reasonably possible. The information that you give on this application form will help us to inform you about the support that is available. **Please tick all that applies:**

No known disability		A specific learning difficulty e.g. dyslexia, dyspraxia, or AD(H)D		
A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder		A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy		
A mental health condition, such as depression, schizophrenia, or anxiety disorder		A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches		
Deaf or a serious hearing impairment		Blind or a serious visual impairment uncorrected by glasses		
A disability, impairment or medical condition that is not listed *(please specify in next box)*		Other and/or more details; please specify:		

6. DATA PROTECTION STATEMENT

In accordance with the General Data Protection Regulation (GDPR), we have implemented this privacy notice 'Privacy Notice for Students' to inform you, as students of our Company, of the types of data we process about you. We also include within this notice the reasons for processing your data, the lawful basis that permits us to process it, how long we keep your data for and your rights regarding your data. This notice can be found on our website www.allactive.co.uk.

7. DECLARATION Signature may be handwritten or typed.

- I confirm that I understand the implications of my chosen course(s), including the entry requirements for each. I acknowledge that the learning programme aligns with my personal needs, progression goals, and ambitions.
- I understand that if I choose to withdraw from my course, I will remain liable for any associated fees.
- I confirm that the information provided in this application is accurate and complete to the best of my knowledge.
- I confirm that I have read and understood the Amacsports Ltd Course Terms and Conditions.
- If I am under 18 years of age, I authorise Amacsports Ltd to share relevant information—such as progress, attendance, or concerns including medical emergencies—with my parent(s) or guardian(s). This form must be countersigned by a parent or guardian.
- If my course is sponsored (including employer-supported study leave), I authorise Amacsports Ltd to share appropriate information with my employer or sponsor.
- I understand that this form constitutes a learning agreement between Amacsports Ltd and myself.

Signature: Date: