

Application of Interest
Post Graduate Certificate: Disability Equality Practitioner

Title Mr/ Miss/ Mrs/ Ms/ Other please specify _____

First Name's _____

Surname _____

If you have a preferred name please state _____

Address _____

Post Code _____

Contact Telephone Numbers

Home _____ **Work** _____

Mobile _____ **Fax** _____

Text phone _____

Email address _____

Access Requirements

Highest Qualification Held _____

Would you require funding assistance if available? Yes No
(This is only applicable to ECDP members and Direct Payment Users in Essex)

Do you have any availability/ other work commitments? E.g. work on Mondays so not available for training. If so please give details:

Please provide details of any experiences that you feel are relevant to this application:

Thank you for your interest in our course. Please complete and return to:

The Training Department
ECDP
Ivan Peck House
1 Russell Way
Chelmsford
Essex
CM1 3AA

If you have any questions please call 01245 392301 or email
training@ecdpc.org.uk