BRITISH SIGN LANGUAGE APPLICATION FORM

Surname…….....

First Name……

Address……..

……

Postcode…….....

Date of Birth……

Home Telephone No…… Mobile No……

Last School Attended…… From……to……

I wish to apply for a place on the following course:

British Sign Language Level 1 ❑

British Sign Language Level 2 ❑

British Sign Language Level 3 ❑

Deaf Awareness Course ❑

Do you have a disability of which you would like Sign it! to be aware? YES ❑ NO ❑

If yes, please specifiy ……..

……

Signed…….. **Date**……

Please return to Sign it! at the following address together with a deposit of £50.00.

a: Unit 18, Stanley Green Crescent, Poole, BH15 3TH
t: 01202 668007 (also minicom)
m: 07718 619101 or 07939 828722
f: 01202 668008
e: sign_it5@hotmail.com
w: www.signituk.net