

# SEARS

Foundation Training Application Form



SECTION A		Candidate Details	
Title:		First Name:	
Middle Name:		Surname:	
Address:			
Postcode:			
Telephone:		Mobile:	
Email Address:			
Date of Birth:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Exam Venue:	Swans Green Hall 12-529/a	Exam Date:	
Re-sit:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
SECTION B		<i>Candidates under the age of 16 must have their application endorsed by a parent/ guardian</i>	
Parent/ Guardian:		Signature:	
Date:			
SECTION C		Comments and Special Requirements	

This form must be completed and returned along with the fee of £60 to secure your place on the training course. This fee covers to Exam Registration Fee, venue hire and refreshments. The training is supplied by a team of volunteers.

Please make any cheques payable to: **South Essex Amateur Radio Society**. Payment can be made in: Cash, Cheque and direct payment. Please remember not to send cash in the post.

(Account details for direct payment A/c No: 73619842, Sort Code: 20-70-93, using your name as the payment reference. Please advise me when done).

Regards

Steve Smith. 2E0UEH.

Training manager & Exam Secretary.

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