

LOCKSMITHS TRAINING CENTRE

Training Registration Form

All details must be completed

Mr / Mrs / Miss / Other (please state)..... Date of birth

First name..... Family name

Home address.....

.....

..... Postcode

Telephone Mobile.....

Email

Declaration

Have you ever been convicted of a criminal offence? YES / NO (delete as appropriate)

If yes, please state conviction

..... Date of conviction

I declare that the information above is true and complete.

Signature.....

Date.....

For all course bookings:

- complete this form
- as a deposit for the booking, attach a cheque for £50 made payable to WALKER LOCKSMITHS
- return to Walker Locksmiths, Rest Harrow, The Street, West Clandon, GUILDFORD GU4 7SY