Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

***I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.***

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| ID No. | Name (Block Capitals) | DoB | Address | 1 | 2 | 3 | 4 |
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***Examiner:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Class Secretary:***

Name:

Address:

Phone:

email:

 BLOCK CAPITALS SIGNATURE

 ***Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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**Return completed form to your Certificate Secretary**.