

## Application Form for Award in Understanding HIV and AIDS

### PART A – PERSONAL DETAILS

Forename                      Last Name                      Date of Birth

Postal Address  
Town  
County  
Post code

Mobile number                      Home Number  
Work Number                      e-mail address

### PART B – EDUCATIONAL BACKGROUND

University/College/School (most recent first)	Qualifications gained	From / To

### PART C – PREVIOUS WORK EXPERIENCE / TRAINING

Name of Employer	Role and Responsibilities	From / To

### PART D – RELEVANCE OF COURSE TO CAREER PLANS AND GOALS

What is your main reason for undertaking this course?

How would this VRQ help you in your current role or professional career?

Where did you hear about the course?

Please state if you have any special requirements that we may be able to assist with.  
For example – accessibility, English as an additional language, visual impairment?

## **PART E – PAYMENT DETAILS**

Amount:  £411.25 inclusive of VAT Private Sector Organisation/Individual  
 £293.75 inclusive of VAT Public, Charitable or Volunteer Sector

Payment by:

MasterCard  Maestro  Visa  Cheque  BACS

Cheques **MUST** be made payable to Terrence Higgins Trust

Reference for BACS tracking

If paying by credit or debit card please complete the following:

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_  
Card Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
Card Issue Number (Switch only)

Address if billing address is different

Cancellation Policy. To deliver the programme we are subject to administration costs and have outlined the cancellation policy below

**If you cancel your booking more than six weeks before the course start date you will be entitled to a 75% refund.**

**If you cancel your booking between 4 and 6 weeks of the course start date you will be entitled to a 50% refund.**

**If you cancel less than 4 weeks before the course start date you will not be entitled to a refund.**

## **PART F – DECLARATION**

To the best of my knowledge, the information on this application is accurate and complete. In applying for this course, I agree to abide by the terms and conditions set out by Terrence Higgins Trust. I agree to Terrence Higgins Trust processing personal data contained on this form for the purposes connected to this course only.

Signed:

Print Name:

### Office use only

Date received

Application taken by:

Course Materials      Picked up       To be sent

Fee Enclosed

Please return completed application form to:

Justin Barrett at Terrence Higgins Trust, 314-320 Gray's Inn Road, London WC1X 8DP or e-mail [hivvrg@tht.org.uk](mailto:hivvrg@tht.org.uk)