



Office use only:

Ref. No.

Hiram Education and Research Team (HEaRT) Short External Training Programme Application Form

N.B. Please complete all sections in full using black ink or type, and tick boxes as appropriate.

1. WHAT COURSE DO YOU WISH TO UNDERTAKE?

Course Title	Please Tick
Pedagogic Potential of Craft	
Teacher Development Programme	
RMT Biodynamic Training Programme	
Goethean Science (i)	
Therapeutic Music	
Health and Nutrition	
Catherine Grace School BD Course	

2. PERSONAL DETAILS

First Name	
Last name	
Postal Address	
Home contact number	
Mobile contact number	
Email address	

3. EDUCATION, QUALIFICATIONS AND MEMBERSHIPS

Please note we require a full education history with months and years if known, starting with the most recent first. Please continue on a separate sheet if necessary

Where you studied School/ College/ University Workplace/ Institute	From month/ year	To month/ year	Courses attended and qualifications gained (if applicable)	Grade
4. ELIGIBILITY TO STUDY IN THE UK (External Applicant only)				

Nationality	
Do you have the	right, under UK immigration rules, to live and work in the UK?
	☐ Yes ☐ No ☐ Unsure
Please note that	if your application is successful you will be required to provide evidence of your
right to visit/wo	rk/study in the UK.
Is your right to v	vork in the UK time limited?
	☐ Yes ☐ No
If ves, please pr	ovide details of the type of visa or work permit and any restrictions on work.
, ,,	
Type of visa:	
Type of visa.	
Ctant data	Franker data
Start date	Expiry date

5. DISABILITY

Please declare whether you have a disability or health conditions and would need any adjustments to the delivery of the programme.
Disability: Y/N
Disability Details:
Health Conditions that may affect the delivery or your ability to fully participate in the programme.
Adjustments requested:
6. EMERGENCY CONTACT DETAILS
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Contact details of the person to contact in an emergency
Contact details of the person to contact in an emergency Name:
Contact details of the person to contact in an emergency Name: Relationship:
Contact details of the person to contact in an emergency Name: Relationship: Main contact number:

7. SUPPORTING STATEMENT

Please explain why you are interested in undertaking this Training and your areas of personal interest. Please continue on a separate sheet(s) if necessary.

8. **DATA PROTECTION:**

Any personal data obtained will be stored, used and protected in accordance with our Privacy Policy (available in hard copy or on our website https://www.rmlt.org.uk/privacy-policy). All of our charitable activities are brought to you by our two sister charities Ruskin Mill Trust Limited and Ruskin Mill Land Trust and their respective charitable and trading subsidiaries. Your personal data will be shared across this group but not beyond. If you would like to keep informed about the array of exciting activities that go on at Ruskin Mill, you can visit our website to sign up for email updates at www.rmlt.org.uk/signup.

The Trust reserves the right to verify any of the data supplied in your application.

I confirm that the above information is true and correct to the best of my knowledge. I understand that if I have made any false or misleading statements, or withheld any relevant information, it may result in the termination of my place on the training with any outstandin fee still being due.		
Signature	Date	

The Trust normally keeps completed application forms for 12 months. In the event that your application is unsuccessful and you would prefer for it to be disposed of after 6 months, please tick the box:

Please return completed applications to Sophie Creed email: sophie.creed@rmlt.org.uk

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Ruskin Mill Land Trust is a Registered Charity No. 1053705