



# CORRESPONDENCE COURSE APPLICATION FORM

Administration only

Tutor:

Paid:

Agent:

Please complete in block capitals and in full – thank you.

Which course would you like to take?: **10 MONTH** OR **5 MONTH** (please circle)

*Please note: Courses are sent Recorded Delivery and will require a signature upon receipt.*

Which address would you like to use?: **HOME** OR **BUSINESS** (please circle)

TITLE: **MR / MRS / MISS / MS** (please circle)

FULL NAME: .....

HOME ADDRESS: .....

.....POSTCODE: .....

HOME TEL. NO: ..... E-MAIL: .....

BUSINESS NAME: .....

BUSINESS ADDRESS: .....

.....POSTCODE: .....

WORK TEL. NO: ..... E-MAIL: .....

WEBSITE ADDRESS:.....

Age Group: (please circle): 17-25 26-40 41-50 51+

How did you hear of the Society? .....

How long have you been in the retail trade? .....

What footwear do you sell?: MENS / WOMENS / CHILDRENS / BESPOKE / ORTHOPAEDIC

Are you a member of the following organizations?: B.F.A. / I.F.R.A. / M.S.A. (please circle)

What training have you received to date?: .....

What gauges do you use?: .....

Which shoe trade magazines do you read? .....

Which footwear trade shows do you attend? .....

Are you or your employer paying for this course? .....

*(Please note our membership and qualification will belong to you if you are successful, so please stay in touch!)*

Do you need extra support for any reason (i.e. dyslexia), or have other information that will assist your Tutor to help you through your coursework? .....

..... (If required p.t.o.)