



FOOTWEAR & FITTING COURSE APPLICATION FORM

For administration only
Tutor:
Paid:
Agent:

Please complete FULLY in BLOCK CAPITALS – thank you. NB: Courses are sent Recorded Delivery and will require a signature. N.B. All course materials and workshop information are covered by a stringent copyright/s and will be legally upheld.

Which course are you booking? (Please circle): **HEALTH PROFESSIONAL (with Anatomy Qualification) - 4 MONTH**
SHOE RETAILER - 5 MONTH
DELUXE - to include Instore/clinic Training and gauges.

If you are booking the Deluxe Course how many people will be taking the full qualification course?
(Please complete this form for each 'full course' student)

Which address would you like to use? (circle): HOME or BUSINESS

TITLE (circle): MR / MRS / MISS / MS 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 retail or podiatry?

Podiatry Workers - are you in private practice or employed by the NHS?

Have you ever sold footwear either mainstream or remedial – if so where/when?

.....

What footwear do you / will you sell? (please circle): MENS / WOMENS / CHILDRENS / BESPOKE / ORTHOPAEDIC / NONE

What shoe fitting training have you received to date?:

What gauges do you use?:

Which trade magazines do you read?

Which business exhibitions do you attend?

Are you or your employer paying for this course?

(Please note our membership qualification will belong to you - if you are successful please stay in touch!)

Do you need extra support (i.e. dyslexic, learning disability) or have info to help your tutor guide you?

(This information will remain strictly confidential – please complete overleaf)



U.K. CONTRACT OF LEARNING FOR STUDENTS

Title: Mr/Mrs/Miss/Ms:

Full name:

Business Address:

Home Address:

Landline Tel.: Mobile:

Email:

Website:

- **I the aforementioned understand that there is a strict copyright belonging to The Society of Shoe Fitters (and working partnerships) on the information sent to me and the information provided at Workshops.** This is in addition to the independent copyright's owned by numerous individual contributors to the course material which we have used with their kind permission. **I understand and agree that at no time may I copy, transmit, store, print, forward, publish or reproduce this material in any format except for the purpose of pursuing Society of Shoe Fitters membership course.** All rights are reserved. Failure to observe the copyright will result in further action.
- I accept this is adult education and therefore the responsibility to complete my papers in the required time is my responsibility.
- If I have any difficulties, concerns, need more time or decide not to complete my coursework for some reason, I will contact my Tutor accordingly. I am aware that my Tutor and head office will contact me throughout my coursework.
- I note that this is a personal qualification and if I move/change contact details, I will inform the SSF head office accordingly.

Signed: Dated:

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