

APPLICATION FORM 2026-2027

PLEASE COMPLETE IN BLOCK CAPITALS

| | | | |
|--|--|-------------------------------------|--|
| Name: | | | |
| Address: | | | |
| Postcode: | | | |
| Mobile Number: | | Landline: | |
| Email Address: | | | |
| National Insurance Number: | | Date of Birth: | |
| Country of Birth: | | What is your first language? | |
| Please note any special requirements: | | | |

Courses to be enrolled for: PLEASE SELECT FROM THE FOLLOWING -

| Employability | | Wellbeing | | | | | |
|---|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|
| Business Admin | <input type="checkbox"/> | Introduction to Canva | <input type="checkbox"/> | Building Self Confidence | <input type="checkbox"/> | Spring Clean your Life | <input type="checkbox"/> |
| Digital Literacy | <input type="checkbox"/> | Leadership | <input type="checkbox"/> | Positive Mindset Courses (Zoom Evenings) | <input type="checkbox"/> | Positive Mindset / Empowerment Courses (in FSWC) | <input type="checkbox"/> |
| Employability Skills / Job Club | <input type="checkbox"/> | Level 2 Award in Counselling Skills | <input type="checkbox"/> | Coping with Anxiety / Depression | <input type="checkbox"/> | Chi Flow | <input type="checkbox"/> |
| Feel the Fear & Do It Anyway | <input type="checkbox"/> | L2 Mindfulness & Reducing Anxiety in Children | <input type="checkbox"/> | Dancing Your Way to Health & Happiness | <input type="checkbox"/> | Stretch & Tone / Pilates | <input type="checkbox"/> |
| First Aid (Standard, Paediatric, Mental Health) | <input type="checkbox"/> | Train the Trainer / Level 3 Education & Training | <input type="checkbox"/> | Women, Barriers & Breakthroughs | <input type="checkbox"/> | Women in the World of Art | <input type="checkbox"/> |
| | | | | Creative Writing | <input type="checkbox"/> | Unlock Your DIY Potential | <input type="checkbox"/> |
| Food Safety (Level 2) | <input type="checkbox"/> | Mindset Matters | <input type="checkbox"/> | Music Therapy | <input type="checkbox"/> | African Drumming | <input type="checkbox"/> |
| Special Educational Needs Awareness | <input type="checkbox"/> | | | What's Your Body Telling You? | <input type="checkbox"/> | Coming into Balance | <input type="checkbox"/> |
| English | | Cultural Identity | | Holistic Self Care for the Menopause | <input type="checkbox"/> | Well Women: Pause, Flow & Release | <input type="checkbox"/> |
| English for Beginners | <input type="checkbox"/> | Cultures Unveiled | <input type="checkbox"/> | Tai Chi for Relaxation | <input type="checkbox"/> | Mindfulness & Kindfulness | <input type="checkbox"/> |
| ESOL (English for Speakers of Other Languages) | <input type="checkbox"/> | Exploring Civic and Cultural Society | <input type="checkbox"/> | Meditation, Sound & Journalling | <input type="checkbox"/> | Sound Bath | <input type="checkbox"/> |
| | | | | Respectful Relationships | <input type="checkbox"/> | Spotting Red Flags in Relationships (1hr) | <input type="checkbox"/> |
| Improve Your English | <input type="checkbox"/> | | | Craft Workshops (2hrs each) | <input type="checkbox"/> | Creative Connections (through Crafts) | <input type="checkbox"/> |
| | | | | Photography Walk | <input type="checkbox"/> | Forest Bathing / Forest School | <input type="checkbox"/> |
| | | | | Holiday Spanish | <input type="checkbox"/> | Wellbeing Morning | <input type="checkbox"/> |

PLEASE NOTE THAT FILLING IN THIS FORM DOES NOT GUARANTEE A PLACE ON YOUR CHOSEN COURSE(S)

PLEASE COMPLETE BOTH SIDES

Do you require childcare and/or transport to attend courses?

***Free services subject to availability**

Childcare required (*under 5 ONLY*)

Child 1 (for Childcare) – Name _____

Date of Birth _____

Child 2 (for Childcare) – Name _____

Date of Birth _____

Note: If childcare is required, the applicant must complete a childcare enrolment form.

Transport required

Employment Details – Please complete all sections.

IF NOT FULLY COMPLETED YOUR FORM WILL NOT BE PROCESSED

| Are you: | Yes | No |
|---------------------------------------|--------------------------|--------------------------|
| Able to take up employment in the UK? | <input type="checkbox"/> | <input type="checkbox"/> |
| Currently working? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| In receipt of Job Seeker's Allowance? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, would you like support in finding employment? | <input type="checkbox"/> | <input type="checkbox"/> |

Declaration: I declare the details given on this form are true to the best of my knowledge. I consent to FSWC securely storing the information I have provided and contacting me in the future regarding courses and other services.

Signed:

Date: