

Learner Registration Form

Please write clearly using **BLOCK CAPITAL LETTERS** and **BLACK INK** and tick boxes where appropriate.

Personal Details

Title:	*First Name(s):	*Surname:	*Date of Birth:
*Home Address:		Company Address:	
*Post Code:		Post Code:	
Telephone:	Mobile:	Telephone:	Mobile:
*Email:		*Email:	
Postal correspondence to be sent to	Home	Work	Postal correspondence to be sent to
Gender	Male	Female	Job Title:
*Town/City of Birth:			

Changes of name must be notified to Awarding Organisation in writing if a certificate is to be awarded in the learners' new name

About You

Are you a current CILT/IOM member?	Yes	No	Membership No.:
Unique Learner No. (ULN) if known:			

Your Study Options

*Study Centre	
Please tick if you are registering for a full qualification	Please tick if you are registering for individual units only
*Qualification Title	

*Mandatory fields required

*Learners registering with CILT/IOM on either a full qualification or individual units must complete their unit choices in the fields below

Unit Title:
Unit Title:
Unit Title:
Unit Title:
Unit Title:
Unit Title:
Unit Title:
Unit Title:
Unit Title:
Unit Title:

Learning difficulties and disabilities

I consider that I have a learning difficulty/disability	I consider that I do not have a learning difficulty/disability
I do not wish to supply this information	

How Did You Find Out About CILT/IOM?

Marketing press/ advertising	Internet	CILT(UK) Member	Colleague/Employer
Logistics & Transport Focus	Web site	Exhibition	Mailing
IOM Member	Ops Management	Other, please specify	

Learner Declaration

I certify that the statements made in this application are, to the best of my knowledge, correct and up to date. I agree to be governed by the Articles of Association and Bye-Laws of the Institute as they are and as they may, hereafter, be altered.

Signature _____	Date _____
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Data Protection Act (DPA) 1998: The above information is required in order to effectively communicate with members, to administer their membership in a proper, timely, cost effective and secure manner and to fulfill the requirements of the Institute’s Articles of Association and Bye-Laws. The Institute is required by the DPA to ensure that such information is accurate and up to date and you are requested to inform the Institute’s Membership Services Department of any changes. Should your membership end, your details will be retained for a further 6 years, unless otherwise instructed by you.

Members shall, as a condition of membership accept the Institute’s Code of Professional Conduct as set out by the Institute’s Bye-Laws. To acquire a copy of this information please visit www.ciltuk.org.uk/pages/byelaws1 or call the Membership Services Dept on **01536 740104**.

In addition to mailings directly associated to your membership, the Institute accepts, from time to time, vetted third-party mailings or emails which we believe may interest you. On such occasions the Institute acts as the mailing facility thereby ensuring the data remains confidential to the Institute. This activity is an important income generator for the Institute and helps keep membership subscriptions to a minimum.

If you **DO** wish to receive vetted third-party postal mailings please tick this box

If you **DO** wish to receive vetted, third party emails – please tick this box

You can change your preferences of how we contact you and the type of communication you receive, at any stage of your membership. Simply visit www.ciltuk.org.uk or contact Membership Services on 01536 740 104 who will be happy to help.

Upon registration all CILT/IOM learners will receive complimentary learner Affiliate/Learner Associate Membership of CILT/IOM and will remain so for the entire duration of their study within their registration period. This will give learners privileged access to a range of benefits and services designed to support them throughout their studies and career. If learners are already members of CILT/IOM they will retain their existing grade.

Please return your completed form to your Study Centre or use the button to submit by email.

CODE:

Please check that all your details, spellings and selections are correct. You may wish to keep a copy of this form for your records and as a reference.

www.ciltuk.org.uk