



The WCSM Education Trust  
Apothecaries' Hall, Black Friars Lane  
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## Course Enrolment Form

### **LEVEL 4 DIPLOMA FOR OPTICAL TECHNICIANS**

*Please enrol me on year one of the Correspondence Course*

#### **Personal Details**

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<i>Forename</i>	<i>Surname</i>	<i>Title</i>
<i>Address</i>		
		<i>Postcode</i>
<i>Home Telephone</i>	<i>Work Telephone</i>	
<i>Date of Birth</i>	<i>E-mail</i>	
<i>How long have you worked in optical manufacturing</i>		
<i>Your Signature</i>	<i>Date</i>	

#### **Employers Details**

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<i>Employers Contact Name</i>	<i>Position</i>
<i>Company</i>	
<i>Address</i>	
<i>Postcode</i>	
<i>E-mail</i>	

**Please invoice my company the fee of £**

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<i>Employers Signature</i>	<i>Date</i>
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*I enclose my payment of £*                      *made payable to **The WCSM Education Trust***

*Please note that there are no refunds for courses not completed*

*Please allow 14 days for delivery of your course starter pack*