

EDINBURGH KILTMAKER ACADEMY

189 CANONGATE

THE ROYAL MILE

EDINBURGH

EH8 8BN



APPLICATION FORM

APPLICANT INFORMATION

LAST NAME:		FIRST NAME:		TITLE:	D.O.B
STREET ADDRESS :				HOUSE NAME/NO:	
CITY:		REGION		POSTAL CODE	
PHONE NO.		EMAIL ADDRESS:			
COURSE APPLIED FOR :					
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, EXPLAIN:		

PLEASE LIST YOUR QUALIFICATIONS BELOW:

ANY RELEVANT EXPERIENCE HAND SEWING OR WITHIN THE KILTMaking TRADE?

PLEASE TELL US A LITTLE ABOUT YOURSELF AND WHY YOU WISH TO ENROL ON OUR KILTMaking COURSE:

WHERE DID YOU HEAR ABOUT US?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date: