



# TORBAY AMATEUR RADIO SOCIETY

## G 3 N J A / G 8 N J A

### Training Application

FULL NAME.....DOB.....

ADDRESS .....

.....

Post Code ..... Telephone .....

Email Address .....

|  |                  |
|--|------------------|
| Do you have any previous experience with radio(s), CB, SWL, Industry . Employment  |                  |
| Have you obtained and read acopy of the Licensing Handbook for the course?   |                  |
| Which Course are you interested in taking?<br>(Foundation, Intermediate, Advanced)   |                  |
| Have you visited a local Amateur Radio Club in the past?   |                  |
| If under 18 are you aware of the necessity to be accompanied by an adult during the course?<br>(Unless otherwise agreed in advance).   |                  |
| Are you aware of the current costs involved in gaining the relevant license(s)?  |                  |
| Do you have any specific needs or requirements that you wish to draw to the attention of the Training Team in order to assist in your learning? Dyslectic, ESOL, Hearing or Vision Impairment etc. |                  |
| Signature  | Trg Team<br>Date |