

# ESSENTIAL SKILLS

## Centre Registration Form



*Please complete this form to ensure you are on our mailing list.*

Centre Number: \_\_\_\_\_

Centre Name: \_\_\_\_\_

Centre Address: \_\_\_\_\_  
(include postcode)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Main Contact: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Essential Skills Coordinator)

Return completed form to: Assessment Administration Team, 29 Clarendon Road, Clarendon Dock, Belfast, BT1 3BG

Clarendon Dock, 29 Clarendon Road, Belfast BT1 3BG Tel: (028) 9026 1200, Fax: (028) 9026 1288