

Candidate registration form

The fields marked * are mandatory. However if you wish to register multiple candidates you can use form CAA/R1.



Title*

Surname*

Forename(s)*

Home address

 Postcode

National Insurance number

Centre candidate reference
 (if applicable)

Registration number*
 (if previously registered)

Date of birth*

Ethnicity*
 (codes and descriptions below)

Gender*
 (codes and descriptions below)

Disability*
 (codes and descriptions below)

Delivery method*
 (codes and descriptions below)

Award title*

Award code*

Centre name **Centre number**

Ethnicity Codes

Code	Name	Code	Name
11	Bangladeshi	20	Mixed – White and Black African
12	Indian	21	Mixed – White and Black background
13	Pakistani	22	Mixed – Any other Mixed background
14	Other – Asian	23	White – British
15	Black - African	24	White – Irish
16	Black – Caribbean	25	White – Other
17	Black – Other	98	Other
18	Chinese	99	Not known/provided
19	Mixed – White and Asian		

Gender Codes

Code	Name
M	Male
F	Female
X	Not specified

Disability Codes

Code	Name	Code	Name
01	visual impairment	08	temporary disability after illness (e.g. post-viral) or accident
02	hearing impairment		
03	disability affecting mobility	09	profound complex disabilities
04	other physical disability	90	multiple disabilities
05	other medical condition (e.g. epilepsy, asthma, diabetes)	97	other
		98	no disability
06	emotional/behavioural difficulties	99	not known/information not provided
07	mental ill health		

Delivery Method

Code	Name
NE	New Entrant
OSAT	On Site Assessment and Training
EWPA	Experienced Worker Practical Assessment route