

# **Application Form**

**LAFD Certificate**

**in**

**Funeral Arranging & Administration (Cert FAA)**

**Course 34**

**LAFD Cert FAA Course 34 Application Form**

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| **Course Details:** | | | | | | | | |  | | |
| **Title: LAFD Certificate in Funeral Arranging and Administration** | | | | | | | | |  | | |
| Delivery Method: | | Online | | | Time | | | | 6.30pm – 8.45pm | | |
| **Cost: £745.00** | | | | | | | | |  | | |
| **Course 34 Workshop dates:** | | | | | | | |  | |  | |
| **Workshop 1** | **Workshop 2** | | **Workshop 3** | | | **Workshop 4** | | **Workshop 5** | | Please note:  Availability and attendance of a minimum of 9 workshops is a mandatory requirement for entry to the final examination.  *Attendance of all workshops will be appreciated.* | |
| **THURSDAY**  **5th September**  **LONDON** | **THURSDAY**  **12th September**  **ONLINE** | | **THURSDAY**  **19th September**  **ONLINE** | | | **THURSDAY**  **26th September**  **ONLINE** | | **THURSDAY**  **3rd October**  **ONLINE** | |
| **Workshop 6** | **Workshop 7** | | **Workshop 8** | | | **|Workshop 9** | | **Workshop 10** | |
| **THURSDAY**  **10th October**  **ONLINE** | **THURSDAY**  **17th October**  **ONLINE** | | **THURSDAY**  **24th October**  **ONLINE** | | | **THURSDAY**  **31st October**  **ONLINE** | | **THURSDAY**  **7th November**  **ONLINE** | |
| **THURSDAY**  **14th November**  **ONLINE** | **THURSDAY 21ST November**  **EXAMINATION DATE**  **LONDON** | | | | |  | |  | |
| **Please sign to confirm your availability to attend a minimum of nine out of eleven workshops. Attendance of all workshops will be appreciated.** | | | | | | |  |  | |  | |
| **Please advise in advance of any workshops you are unable to attend.** | | | | | | |  |  | |  | |
| **Please state your preference for learning**  Attending face to face workshops (f2f)  Learning with a tutor online (online)  A blend of both (f2f / online) | | | | | | |  |  | |  | |
| **About you** | | | | | | | |  | |  | |
| Surname: | | | | First name | | | |  | | | Title: Mr/Mrs/Miss/Ms |
| Address: | | | | | | | |  | |  | |
| Postcode: | | | | | | | | Date of Birth: | |  | |
| Telephone: | | | | | | | | Mobile: | |  | |
| E Mail: | | | | | | | |  | |  | |
| **Please note: the email address you provide will be used for correspondence with you regarding your progress and examination results. Please ensure you do not use a shared business email account.** | | | | | | | |  | | | |

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| **Funeral Service Employment Experience** | |  |
| What role do you have within your funeral business? |  |  |
| How many years / months have you been employed in the funeral service? |  |  |
| Please tell us about your funeral related experience to date | |  |
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| **Relevant experience** | |
| Please provide any other relevant information, particularly if you have experience of occasional / specialist activities such as exhumation; arranging multiple funerals; burial at sea; baby and children funerals; arrangements to meet the requirements of religious belief, funeral rites and traditions | |
|  | |
| Please estimate how many funeral arrangements have you personally arranged? Based on an estimate from 0 to 500+ |  |
| **Qualifications** | |
| Do you have other qualifications i.e., Higher Education or internal funeral related? If so, please list below | |
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| **Do you have any health issues or specific conditions which might affect your learning?** | |
| Please do share with us if you require additional learning support or you experience any difficulties with learning. Reasonable adjustments to meet your needs will be considered on each occasion.  For example: visual or hearing impairment; mobility; physical; dexterity; dyslexia; dyscalculia. ADHD or any other conditions. | |
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| **Employer details** | | | | | | |  | | | | | | |
| Employer details | | | | NAFD Membership number | | SAIF Membership |  | | | | | | |
| Name of business | | | | | |  | Contact name | | | | | | |
| Ownership  Please tick | | | Independent | | Coop Funeralcare | Other | |  | | | Funeral Partners | Dignity | |
| Funeral Business Address | | | | | | |  | | | | | | |
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|  | | | | | | |  | | | | | | Post Code |
| **Invoice Details: Please include details of where the payment request information should be sent / including a named representative.** | | | | | | |  | | | | | | |
| Name: | | | | | | | Company Name: | | | | | | |
| Invoice Address: | | | | | | |  | | | | | | |
| Postcode: | | | | | | | Telephone: | | | | | | |
| E Mail: | | | | | | |  | | | | | | |
| **Additional Information:** | | | | | | | | | | | | | |
| Any other relevant information: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Payment Method:** | | | | | |  | | | | | | |
|  | Self-funded | | | | |  | | |  | | | |
|  | Employer funded | | | | |  | | |  | | | |
| By signing this form, I confirm and understand the requirements for attendance of the training workshops | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | **Date:** | | | | |

Completed Application Forms should be completed and returned via email to: [secretary@lafd.org.uk](mailto:secretary@lafd.org.uk)



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| Privacy  Information provided will be used for training administration purposes specifically for the course for which you have applied.  It will be retained by the LAFD for future evidence of course participation verification and certification status.  No personal Information will be shared with a third party |