



NAFAS CERTIFICATES IN FLOWER ARRANGING PARTS 1, 2 & 3

National Association of Flower Arrangement Societies
Registered Charity 1101348

STUDENT ENROLMENT FORM

Contact and Qualification Details

Name _____

Address _____

Telephone number _____ Mobile number _____

Email address _____

Please make a brief note of any previous knowledge gained, or courses completed, in flower arranging.

Emergency contact details

Name _____

Relationship to student _____

Contact telephone number landline _____

Contact telephone number mobile _____

Confidential information

Do you require any reasonable adjustments to complete the course. Please let the tutor know if you have any problems including manual dexterity and allergies.

I agree to the tutor holding my contact details which will not be shared with a third party and will be deleted on completion of the course.

Signature _____ Date _____