

Enrolment Application Form

Complete in BLOCK CAPITALS and return to enrolments@bteb.co.uk, or apply online at www.bteb.uk/enrol.php

1. Personal details

First name: _____

Last name: _____

Date of birth: _____

Email address: _____

Phone / WhatsApp: _____

Country: _____

Address: _____

2. Program

Program title: _____

Department: _____

Duration (1 Year / 2 Years): _____

Preferred start: _____

3. Education

Highest qualification (min. Matriculation / SSC / Grade 10):

Institution: _____

Year completed: _____

4. Declaration

I confirm the information given is correct. Signature:

Date: _____