

# CMALT Registration Form under the Digital 2020 Initiative

Please complete all sections of this registration form and return it complete with proof of eligibility and payment or a purchase order for £47.50 per candidate to ALT, Gispy Lane, Headington, Oxford OX3 0BP UK.

## Registering for CMALT under the Digital 2020 Initiative:

Any individual working in the education sector in Yorkshire and Humberside (including Adult & Community Learning and Work Based Learning) is eligible to register for CMALT under this initiative. You are not required to be an individual member of ALT prior to registering for CMALT nor to be working for an ALT member organisation. If you are a member your benefits and entitlements remain unaffected by registering for this scheme.

## Details of candidates (please tick if already a member of ALT):

- |                          |                      |                |              |
|--------------------------|----------------------|----------------|--------------|
| <input type="checkbox"/> | 1. First name: _____ | Surname: _____ | Email: _____ |
| <input type="checkbox"/> | 2. First name: _____ | Surname: _____ | Email: _____ |
| <input type="checkbox"/> | 3. First name: _____ | Surname: _____ | Email: _____ |
| <input type="checkbox"/> | 4. First name: _____ | Surname: _____ | Email: _____ |
| <input type="checkbox"/> | 5. First name: _____ | Surname: _____ | Email: _____ |

## Details of organisation:

Institution/Organisation: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Proof of Eligibility**

I / we have enclosed proof of eligibility  
 Please enclose a letter confirming the affiliation of all candidates with a Yorkshire or Humberside organisation in the education sector or similar. Registrations cannot be processed without proof of eligibility.

## Payment details (select one):

### **Amount payable (£47.50 per candidate). Total:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 1. Purchase order for full amount enclosed. P/O number: _____   |
| <input type="checkbox"/> | 2. Cheque for full amount enclosed. Payable to the Association for Learning Technology and drawn on a UK bank _____ |
| <input type="checkbox"/> | 3. Please debit the full amount from my Visa/Mastercard; card number (in full) _____                                |
|                          | Name on card: _____ Expires: _____  |
|                          | Cardholder's address: _____   |
|                          | Town: _____ Postcode: _____   |
|                          | Signature: _____ Date: _____  |

### **For office use ONLY:**

Date received: \_\_\_\_\_

Proof of eligibility enclosed: \_\_\_\_\_

Payment processed: \_\_\_\_\_

Processed by: \_\_\_\_\_