**Skills Growth Academy**

# Agent Application Form

## 1. Personal Information

(Required for identification and communication – stored securely in line with GDPR)

Full Name: _____

Date of Birth: _____

Gender (optional): ☐ Male ☐ Female Prefer not to say ☐ Other Nationality

National ID / Passport No.: _____

Address: _____

_____

Email Address: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

## 2. Professional Background

Current Role / Job Title: _____

Company (if employed): _____

Years of Experience: ☐ 0–1 ☐ 2–5 ☐ 6–10 ☐ 10+

Key Skills: _____

Languages Spoken: _____

## 3. Training & Development Interests

a) Areas where you'd like to improve skills (tick all that apply):

☐ Sales & Negotiation
☐ Digital & IT Skills
☐ Communication & Presentation
Other: _____
☐ Customer Service Excellence
☐ Leadership & Management
☐ Personal Development (confidence, time management, etc.)

b) Preferred Training Format:

☐ Online ☐ In-person ☐ Hybrid

c) Development Goals (short description):

_____

_____

## 4. Learning & Progress Tracking (for internal use)

Training Modules Assigned: _____

Training Completion Dates: _____

Certificates Awarded: _____

Performance / Progress Notes: _____

## 5. GDPR & Data Privacy Consent

- Skills Growth Academy is committed to protecting your personal data in compliance with the General Data Protection Regulation (GDPR).
- Your data will be stored securely and only used for training, development, and communication related to Skills Growth Academy.
- Your information will not be shared with third parties without your consent.
- You have the right to access, update, or request deletion of your data at any time by contacting our Data Protection Officer.

## 6. Consent:

I confirm that the information provided is accurate. I consent to Skills Growth Academy storing and processing my personal data in accordance with GDPR.

Signature:

Date: