



Copies of enrolment forms

Certificate of Enrollment

[Name of Institution/Training Provider]
[Institution Address]
[Institution Contact Information]

Learner Enrollment Confirmation

This is to certify that:

Full Name of Learner: _____
Learner ID/Registration Number: _____
Date of Birth: _____
Contact Information: _____

Qualification Details

Qualification Titles and Levels:

- OTHM Level 3 Diploma
- OTHM Level 4 Diploma
- OTHM Level 5 Diploma
- OTHM Level 7 Diploma
- OTHM Level 8 Diploma

Awarding Body: OTHM Qualifications

Enrollment Date: _____

Expected Completion Date: _____

Mode of Study: [e.g., Full-time/Part-time/Distance Learning]

Institution Statement

We confirm that the above-named learner is officially enrolled in the qualifications specified above at **Domino** , which is an accredited center approved by **OTHM Qualifications**.

All personal information and academic details will be handled in accordance with applicable data protection regulations, including GDPR, and shared with OTHM or other relevant authorities as required.

Institution Authorization

Name of Authorized Officer: _____

Position/Title: _____

Signature: _____

Date: _____

Official Stamp/Seal (if applicable):

