

# Enrolment Form

Student No.

## 1. Personal Details

Title: Mr/Miss/Mrs/Ms/Other  Surname  Forename

Date of Birth  Gender  M  F Surname at 16

Address   
 Mobile No.

Home No.

Town/City  Post Code  E-mail

## 2. Course Information

Course Code  Course Title

Term  Autumn  Spring  Summer Day  M  Tu  W  Th  F  Sa  Su Time

Venue  No. of Weeks  Date Learner Starts Course

How did you hear about our courses?  Website  Brochure/Flyer  Social Media Other:

## 3. Fee Information Amount Paid By Learner

Band A  Band B Receipt No.

Cheque  Cash  Card  Invoice

Please tick all that apply:

<input type="checkbox"/> Over 60s	<input type="checkbox"/> Full Time Students
<input type="checkbox"/> Income Support/ Pension Credit	<input type="checkbox"/> Exceptionally Severe Disablement Allowance
<input type="checkbox"/> Carer's Allowance	<input type="checkbox"/> Disability Living Allowance
<input type="checkbox"/> Working Tax Credit	<input type="checkbox"/> Incapacity Benefit
<input type="checkbox"/> Jobseekers Allowance	<input type="checkbox"/> Employment Support Allowance
<input type="checkbox"/> Council Tax Benefit Reduction	<input type="checkbox"/> Housing Benefit
<input type="checkbox"/> Industrial Displacement Benefit	<input type="checkbox"/> Personal Independence Payment

## 4. National Identity

Welsh  Scottish  Irish  British  English Other, please specify:

## 5. Help & Support

Do you have a disability, learning difficulty, mental health problem or any long standing illness?

No, Go to section 6  Yes, Please select below

<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Severe learning difficulties	<input type="checkbox"/> SPLD—attention deficit hyperactivity disorder
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Specific learning difficulties	<input type="checkbox"/> Physical and/or medical difficulties
<input type="checkbox"/> Multi-sensory impairment	<input type="checkbox"/> SPLD—dyslexia	<input type="checkbox"/> Behavioural, emotional and social difficulties
<input type="checkbox"/> Autistic spectrum disorders	<input type="checkbox"/> SPLD—dyscalculia	<input type="checkbox"/> Speech, language and communication difficulties
<input type="checkbox"/> General learning difficulties	<input type="checkbox"/> SPLD—dyspraxia	<input type="checkbox"/> Profound and multiple learning difficulties
<input type="checkbox"/> Moderate learning difficulties		

Will you need support with your learning? (e.g. large print, hearing loop, etc.)

No  Yes, please specify:

Help to evacuate the building in the event of an emergency/ fire drill? (e.g. I use a wheelchair)

No  Yes, please specify:

## 6. Ethnicity

<input type="checkbox"/> White	<input type="checkbox"/> Arab	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White & Asian	<input type="checkbox"/> Gypsy/Irish Traveller	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Chinese	Other, please specify: <input type="text"/>
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Irish	<input type="checkbox"/> Other White	<input type="text"/>
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black African	<input type="checkbox"/> White & Black Afri-	<input type="checkbox"/> Black Other	

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied.

Signature  Date