

Enrolment Form

Student No.

A Welsh version of this enrolment form is available upon request.



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.

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

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

4. Help & Support

Do you have a disability, learning difficulty, mental health problem or any long standing illness? No Yes, 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:

Please indicate the language in which you prefer to learn: English Welsh Other, please specify:

How did you hear about our courses? Website Brochure/Flyer Social Media 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 and its contracted agents processing the data for the purpose for which it is supplied.

Signature

Date