

Registration and Enrolment Form 2010/11 for part-time courses only

You can use this form to enrol on a part-time course in 2010/11. The last date for September postal enrolments is 21st August 2010. After that please come along to the College to enrol, your enrolment will be acknowledged.

In some circumstances we may contact you to ensure that the course is suitable and that you meet any entry requirements. Please complete both sides and ensure that you have signed the Learning Agreement section.



Personal details

First Name(s): _____ Surname/Family Name: _____ Title: Mr / Mrs / Miss / Ms _____

Date of Birth: _____ National Insurance Number: _____

Address: _____

Postcode: _____ Email address: _____

Home No: _____ Work No: _____ Mobile No: _____

Country of Residence (only complete if not in England): _____

Nationality – please complete the following section in FULL

Are you British? Yes No if no, state Nationality _____ Have you lived in the UK for the last three years? Yes No

If you have ticked No to any of the above questions you will be required to produce your passport, visa and/or any relevant Home Office documentation.

Please contact the College on 01296 588588 as different prices to those quoted in the prospectus may apply.

Learner Support

We want to support you in any way we can; to help us do so please answer the following questions:

Are you homeless or living in temporary accommodation? Yes No Are you a traveller? Yes No

Are you an asylum seeker or refugee? Yes No Are you living in a hostel or residential care? Yes No

Are you a full-time carer for a dependant? Yes No

Do you have an additional support need? Yes No

We would like to know about it so that we can help you be successful in this course.

Additional support needs may include sight impairment, mobility difficulties, dyslexia, mental health problems or other needs.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time learners are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision. The College will, when requested, pass this information to statutory bodies, parents or legal guardians of learners under 18 or employers paying fees.

Tick this box if you wish to talk to someone about withholding your information to legal guardians or employers.

Tick this box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England.

The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. Please tick here if you do not wish to be contacted about courses or learning opportunities by post.

Next of Kin (Emergency Contact Details)

Contact Name: _____ Contact No: _____

Address: _____

Part-time courses – 2010/11

To help us make sure we are serving the whole community, please tick the box which you believe best describes your ethnic origin.

- Asian or Asian British – Bangladeshi
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Any other
- Black or Black British – African
- Black or Black British – Caribbean
- Black or Black British – Any other
- Chinese
- Mixed – White and Asian
- Mixed – White and Black African
- Mixed – White and Black Caribbean
- Mixed – Any other
- White – British
- White – Irish
- White – Any other
- Any other

