

# ASL/CR Enrolment Form 2013–14

UN-SHADED SECTION TO BE COMPLETED BY STUDENT.

PLEASE USE BLACK INK AND BLOCK CAPITALS

STUDENT ID 

--	--	--	--	--	--	--	--	--	--

TITLE \_\_\_\_\_ FAMILY NAME/SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME(S) \_\_\_\_\_

HOME ADDRESS (UK) \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

MOBILE 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 TELEPHONE OTHER 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH 

d	d
---	---

 / 

m	m
---	---

 / 

y	y	y	y
---	---	---	---

 AGE ON 31 AUGUST 2013: \_\_\_\_\_ GENDER M/F

EMAIL \_\_\_\_\_

PLEASE GIVE THE NAME OF A PERSON TO CONTACT IN CASE OF EMERGENCY (UK):

Name \_\_\_\_\_ Telephone 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**THE FOLLOWING IS REQUIRED FOR EQUAL OPPORTUNITIES MONITORING.** Please tick the ethnic group to which you belong.

<p><b>White</b></p> <p><input type="checkbox"/> English/Scottish/Welsh/ Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Any other White background</p>	<p><b>Mixed/Multiple ethnic groups</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed/Multiple ethnic background</p>	<p><b>Asian/Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background</p>	<p><b>Black/African/Caribbean/Black British</b></p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black/African/ Caribbean background</p> <p><b>Other ethnic group</b></p> <p><input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group</p>
--	---	---	---

**SUPPORT FOR YOUR SUCCESS.** We support learners who have a wide range of support requirements such as dyslexia, autism and Asperger's syndrome, attention deficit and hyperactivity disorder, a physical disability, epilepsy, mental health issues, or who are deaf or partially hearing, blind or partially sighted. If you tick the box marked Learner Support, you will be contacted in confidence by a member of the Learner Support Team to discuss any support requirements you may have. This information will not be passed to others without your consent.

**Learner Support**

**I WISH TO JOIN THE FOLLOWING COURSES**

Code	Course Title	Day	Time	Start Date	Centre	Full Course Fee	Reduced Fee (if applicable)	Fee Paid

**TOTAL DUE £**

--

## FOR POSTAL ENROLMENT APPLICATIONS ONLY

I enclose a cheque/postal payment of £.....

Made payable to 'South Thames College Corporation'. Please include your cheque guarantee card number and expiry date on the reverse of the cheque.

Complete if paying by credit card. We accept **Visa / Mastercard / Visa Delta**

Card number

Issue No. (where available): .....

Security Code  
(last 3 digits on signature strip)

Amount £ .....

Valid from: .....

Expiry date .....

Name on card ..... Card holder's address (if different from overleaf\*) .....

\*if different from overleaf please give address to which card is registered, including house number and postcode

TO COMPLETE IF CLAIMING REDUCED FEES. If you are claiming any of the following please tick the appropriate box.		Tick here	Evidence seen	Initials	Date
Basic Ed	W09	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Aged 60+ (30% discount)	W10C	<input type="checkbox"/>	<input type="checkbox"/>		
Jobseeker's Allowance	W15	<input type="checkbox"/>	<input type="checkbox"/>		
ESA	W15A	<input type="checkbox"/>	<input type="checkbox"/>		
Income Support	W04	<input type="checkbox"/>	<input type="checkbox"/>		
Housing/Council Tax Benefit	W04	<input type="checkbox"/>	<input type="checkbox"/>		
Working Tax Credit (threshold based)	W21	<input type="checkbox"/>	<input type="checkbox"/>		
Pension Guarantee Credit	W23	<input type="checkbox"/>	<input type="checkbox"/>		
Unwaged dependent of someone in receipt of one of the above.	W08	<input type="checkbox"/>	<input type="checkbox"/>		

OFFICE USE ONLY: FEE PAYMENTS			
Date	Receipt No.	Debit/Credit	£ Amount

OFFICE USE ONLY: OTHER FEE REDUCTIONS	
Staff Development (100%)	<input type="checkbox"/> W10D
Other college policy	<input type="checkbox"/> W10F
Late start or reduced hours	<input type="checkbox"/> W10H

### TO BE COMPLETED BY ALL APPLICANTS

I certify that the information given on this form is correct. I agree to provide evidence of any entitlement to reduced fees on request and to pay all outstanding amounts when due.

**I am aware that the College will only refund fees when courses are closed.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### HOW WE USE YOUR PERSONAL INFORMATION

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Department for Education, including the Education Funding Agency to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other organisations for education, training and employment-related purposes, including for research.

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>

Tick any of the following boxes if you do not wish to be contacted:

About courses or learning opportunities  For surveys and research  By post  By phone  By email

### NOTES