## Part-time/Postal Enrolment Form 2018/19

Please complete all sections using BLOCK CAPITALS

Student ID Number (for office use only)
Date received:



		ampus: Day:	Time: Student Start Date:
Personal Information			
lave you previously attended the College	?	Yes	No
Gurname:	Title:	Male	Female
Forename(s):			
Date of Birth: / /	Age on 1st July 2018:	<b>ULN</b> (Unique Learner	Number)
erm Time Address:			
Post Code:	E-mail:		
Telephone Number:	Mobile Number: (Priority Number	•)	
Residency: Have you been resident in the	EU for the last three years?	Yes No	
Date of Entry to UK / /	Passport Number:	Passport Expiry Date:	/
Are you on a time limited Visa	Yes No	Visa Expiry Date:	/ /
	Card (ARC) or a biometric residence permit	•••••	
Application Registration Card (ARC)	Biometric residence permit 📋	ls your country of birth	Syria? Yes 📗 No 📙
Next of Kin			
Name:	Tel No:	Mobile No:	
Address:	Polationshin (Pla	aco enocify).	
Post Code:	Relationship (Ple	ase specify):	
Fee Details			
Please tick who will pay your fees	Employer Self Self	Grant/Bursary (proof	of application must be provided)
	ile & attach an Employer Concept Form (ave	ailable from Student Admissions	]
f your employer is paying please give deta	iits & attacii aii Eiiiptoyei Consent Foriii (ava		
	nis & attach an Employer Consent Form (av.		
Fee Category			
f your employer is paying please give deta  Fee Category  Reduced Fee Full Fee	Instalment		
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	f/received a caution for:				
al offence of a violent or		Yes	∐ No		
	ution and/or sale of illegal drugs?	Yes	L No		
uever been investigated ent or sexual nature?	i for accegacions:	Yes	No.		
to child abuse?		Yes	□ No		
	see the Student Criminal Convictions Disclo			un reguest)	
o complete this section	or providing misleading or false information ions above will result in a follow up meeting	n may lead to your appli	ication/enrolmen		ı.
on Support					
omplete an Education Su to study. Your health and	velcomes applications from people with a disa ipport form (available on-line or from campus d safety is important to us, if you require assist	receptions) and return to	the Education Su	pport Co-órdinator	at the campus where
ations on Entry					
dicate the highest qualif	lifications, please tick this box and proceed to t fication you currently hold. If your <b>highest</b> qual it is in the Table C please record how many yo	ification is in Table A, ple	ease tick the appro	priate option, if it is	s in the Table B please
	Table B		Table C		
ation Ti	ck Qualification	Write level	Qualification		How many have yo
	Diploma (QCF or equivalent)		A Level		
5	Certificate (QCF or equivalent)		Higher Leavin	g Cert (Level 5)	
duate, PGCE	Award (QCF or equivalent)		AS Level		
raduate Degree	National Vocational Qualification (NVQ)		GCSE A*-C		
tion Degree/DipHE	ESOL skills for life, Essential/Basic/Ke	y Skills	┨ ├────	ing Cert (Level 4)	
NC			GCSE D-G		
to HE			Junior Cert		
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ing Information					
tell us how you found o	ut about this course? (Please tick all that ap	ply):			
tell us how you found of Guidance: School/care	eers teacher DEL Careers Service advi		eers service/tutor		
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Security Code

## **Monitoring Information** 2018/19

Please complete all sections using BLOCK CAPITALS

Student ID Number (for office use only)
Date received:



All personal data will be held in accordance with the Data Protection Act [1998]. Your data will be shared with the Department for the Economy for statistical, funding, research and other legitimate business purposes including the provision of careers guidance. Your information may be accessed by other Civil Service Departments and government agencies. At no time will your personal information be passed onto organisations for marketing or sales purposes.

Permanent Address (Home					
	e - Before Enrolment)				
				Postcode	
To which of these ethnic a	roups do you consider you belong? (Pl	ease select the option th	at is most appror	riate to you)	
	ack Caribbean 🔲 🛛 🔞 Black African			Indian 06 Pakistani	
07 Bangladeshi 🔲 💢 08 Ch	ninese 🔲 11 Irish Travelle	r 📗 12 Mixed Ethnic	Group98	Any other ethnic group	
What is your country of bir	-th2				İ
Please write the present nar					
Marital Status	tad Discourse	ed/Dissolved			
01 Single 03 Separa 02 Married 04 Widowe	<u>-</u>	il partnership			
	<u> </u>				
	enomination or body do you belong to?				
ns Roman Catholic   Methodist	06 Presbyterian Church in Ire		07 Church of Irela 02 Buddhist		
12 Muslim	10 Hindu	·····	13 Sikh		
11 Jewish	80 Other Religion		1 None		
What valinian valinians de	namination or hadr were you braught	tunin?			
1 Roman Catholic	enomination or body were you brought  2 Protestant 3 Other Christ		stian	No Religion	
5 Employed Full-time (30hrs	<del></del> <del></del>	l Part-time (less than 30h	<del></del>	<del></del>	
Not in work and not looking t	for work: 10 Retired/looking after family on 12 Other eg. voluntary unpaid wo	r home/Long term sick [] ork []	11 Student/Waiti	ng to start a course at college c	r university
Unemployed (out of work a	nd looking for work) for: 15 Less than 6	months 16 6 to 11 m	onths 17 12 o	r more months	
	::::::	box that applied to your	circumstances)		
Do you have personal resp	onsibility for the care of? (Tick each		□ NI	of the above	
<b>Do you have personal resp</b> A child (or children)	A person(s) with a disability	A dependant adult(s)	None o		
A child (or children)	A person(s) with a disability				n=2
A child (or children)					ıs?
A child (or children)	A person(s) with a disability				ıs?
A child (or children)  Are your day to day activiti Yes No  If you have answered Yes t	A person(s) with a disability  ies limited because of a health proble then please complete the section belo	m or disability which has w	lasted, or is exp	ected to last, at least 12 month	
A child (or children)  Are your day to day activiti Yes No  If you have answered Yes to the plant of the plan	A person(s) with a disability  ies limited because of a health proble then please complete the section belo ease state the type of impairment whice	m or disability which has w	lasted, or is exp	ected to last, at least 12 month	
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A child (or children)  Are your day to day activitives  No  If you have answered Yes to fyou answered Yes, then play indicate more than one on Specific learning disability and Deaf or hard of hearing	A person(s) with a disability  ies limited because of a health problet then please complete the section belowease state the type of impairment whice. (Tick all that apply).	m or disability which has w	lasted, or is exp	ected to last, at least 12 month	
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A child (or children)  Are your day to day activity  Are you have answered Yes to five you answered Yes, then planay indicate more than one on Specific learning disability  Deaf or hard of hearing  Autistic spectrum disorde or Unseen Disability (diabete or Unseen Disability (diabete fee No  What is you current politicate of No  What is you current politicate or No  Which of the following opt	A person(s) with a disability  ies limited because of a health problet then please complete the section belowe as state the type of impairment whice. (Tick all that apply).  If (e.g. dyslexia, dysgraphia)   If (Asperger's syndrome  If (Asperger's	m or disability which has  w h applies to you. People r  02 Blind of partially s  04 Mobility difficulty  06 Mental health cond  ostering, adopted, care h  question  97 None 98 Pref	nay experience m	ore than one type of impairmer	