

# Part-time/Postal Enrolment Form

2010/2011

Please complete all sections using BLOCK CAPITALS.



Course Details				
<b>Course Title:</b>	<b>Location:</b>	<b>Day:</b>	<b>Time:</b>	<b>Area of study/session code:</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal Information				
<b>Surname:</b>	<b>Title:</b>	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	
_____	_____			
<b>Forename(s):</b>	_____			
<b>Date of Birth:</b> /    /	<b>Age on 1st July 2010:</b>	_____		
<b>Have you previously attended the College?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
<b>Home Address:</b>	_____			
_____				
<b>Post Code:</b>	<b>E-mail:</b>	_____		
<b>Telephone Number:</b>	<b>Mobile Number:</b> (Priority Number)	_____		
<b>Residency:</b> Have you been resident in the UK for the last three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
If not please state previous address: _____				
_____				

Next of Kin		
<b>Name:</b>	<b>Tel No:</b>	<b>Mobile No:</b>
_____	_____	_____
<b>Address:</b>	_____	
_____		
<b>Post Code:</b>	<b>Relationship (Please specify):</b>	
_____	_____	

Learning Support			
<b>If you wish to declare a learning support need please complete this section.</b>			
The Northern Regional College welcomes applications from people with a disability, learning difficulty and/or medical condition. A copy of this information will be sent to the Learning Support Co-ordinator who will contact you to discuss, in confidence, any additional support you may need.			
<b>Do you have:</b>	A medical condition which may affect your studies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	A disability/learning difficulty which may affect your studies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In which of the following categories is your medical condition or disability?			
Specific Learning Difficulty	Blind or Partially Sighted	Deaf or Hard of Hearing	
Wheelchair/ Mobility Difficulty	Autistic Spectrum Disorder	Mental Health Difficulty	
Unseen/Hidden Disability	Other Disability, Special Need or Medical Condition		

Qualifications on Entry				
Degree Level or Higher	<input type="checkbox"/>	GCE A/AS Levels (A-E)	<input type="checkbox"/>	
BTEC Higher National Diploma/Cert	<input type="checkbox"/>	BTEC	<input type="checkbox"/>	
RSA /OCR	<input type="checkbox"/>	LCCI	<input type="checkbox"/>	
CPVE	<input type="checkbox"/>	Professional Bodies	<input type="checkbox"/>	
Other Qualification	<input type="checkbox"/>	No Qualifications	<input type="checkbox"/>	
_____				
No. of GCSEs or equivalent Grades A-C:	Grades D-G:	GCSE Maths grade:	GCSE English grade:	GCSE ICT grade:
_____	_____	_____	_____	_____

**Marketing Information**

In order for us to review and monitor the success of our marketing material please complete the following. I found out about this course(s) from the following source:

Prospectus  Careers Talk from College staff  Open Day  College Information Services  Family   
 Friends  Employer  College Newsletter  Press/radio advertising  Website   
 Shopping Centre Displays  Other: \_\_\_\_\_

Please indicate whether your details can be used for publicity purposes. Yes  No

**Fee Details**

Please Tick who will pay your fees Employer  Self  Grant/Bursary

If your employer is paying please give details & attach an Employer Consent Form (available from Student Admissions)

**Fee Category**

Reduced Fee  Full Fee  Instalment

Courses costing more than £50 (**College fees only**) may be paid in instalments. There is a £10 admin fee for this service.

A **Payment Plan Form** must be completed at enrolment.

(Have you remembered to write your cheque guarantee number on the back of your cheque?  )

Reduced fees apply to the following groups **ONLY**. If you qualify for reduced fees, you **MUST** provide valid documentary evidence. Failure to do so will result in full fees being payable and/or a delay in processing your enrolment. Category for reduced fees must apply at time of enrolment.

**I qualify for reduced fees because I am in receipt of**

Income Support <input type="checkbox"/>	Copy of SSA letter of current entitlement
Income based Jobseekers Allowance <input type="checkbox"/>	Copy of SSA letter of current entitlement
Working Tax Credit <input type="checkbox"/>	Inland Revenue Tax Credit notice NHS Exemption (income below £16,000pa)
Pensions Credit <input type="checkbox"/>	Documentary evidence
Child Tax Credit <input type="checkbox"/>	Inland Revenue Tax Credit notice (income below £16,000pa)
Rates Relief <input type="checkbox"/>	Notification letter
Means tested ESA <input type="checkbox"/>	Documentary evidence
Other means tested benefit <input type="checkbox"/>	Documentary evidence
<b>Full time student</b> <input type="checkbox"/>	Student card, letter of confirmation

**Benefit Office Confirmation:** Applicants in receipt of the above benefits and claiming reduced fees may request their benefit office to complete this section as alternative proof of entitlement

Name: \_\_\_\_\_ National Insurance No. \_\_\_\_\_

I confirm that the above named person is in receipt of \_\_\_\_\_

Signed on behalf of the SSO \_\_\_\_\_ Date / /

**Benefit Office Stamp****IMPORTANT: PLEASE READ CAREFULLY**

I certify that the details on this form are correct, that I wish to enrol for the course listed and that when using College IT resources I will adhere to the Acceptable User Policy.

Student Signature: \_\_\_\_\_ Date: / /

I verify that I have checked the details on this form.

Staff Signature: \_\_\_\_\_ Date: / /

**Internal Use Only**

Student Reference No. \_\_\_\_\_ Receptionist Signature: \_\_\_\_\_ Date: / /

**Payment Method** Cash  Cheque/Postal Order  Debit Card  Credit Card  Invoice

Course Fee \_\_\_\_\_ Fees Actually Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

MIS Signature: \_\_\_\_\_ Date: / /

**For Telephone and Postal Enrolments Only**

If this section is required it will be destroyed immediately after the data has been input.

Type of Card \_\_\_\_\_ Card Holders Name as it appears on the card \_\_\_\_\_

Start Date / Issue Number \_\_\_\_\_ Expiry Date /

Security Code \_\_\_\_\_ Account/Card Number \_\_\_\_\_

This form can be made available in alternative formats on request

# Monitoring Information

Student Reference No: \_\_\_\_\_

2010/2011

Please complete all sections using **BLOCK CAPITALS**.



The following information is requested by the Department for Employment and Learning to assist in equal opportunities monitoring and in compliance with Section 75 of the Northern Ireland Act 1998. Information provided will **NOT** play a part in determining access to a course. It will only be used for equality purposes to help us improve the services we provide. All personal data will be held in accordance with the provisions of the Data Protection Act.

## Sex – Please indicate your sex by ticking the appropriate box below:

Male  Female

## Community Background

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant.

Please indicate your community background by ticking the appropriate box below.

I have a Protestant community background  I have a Roman Catholic community background

I have neither a Protestant nor a Roman Catholic community background

Other religion (Please identify): \_\_\_\_\_

## Race – Please indicate which Ethnic Group you belong to:

Bangladeshi  Pakistani  White  Black African  Black Caribbean  Black Other  Chinese  Indian

Irish Traveller  Mixed Ethnic Group  Any other ethnic group  Please identify: \_\_\_\_\_

## Nationality – My Nationality or country of birth is (British, Irish, Polish, Latvian, Lithuanian, German, etc)

Please specify: \_\_\_\_\_

## Marital Status/Family Status – Are you currently:

Married  Widowed  Single  Civil partnership  Divorced/Separated  Cohabiting

## Sexual Orientation – Sexual Orientation is towards someone of:

The same sex  A different sex  Both sexes

## Disability

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. Please note that it is the effect of the impairment, without treatment, which determines if an individual meets this definition of disability.

Do you consider that you meet this definition of disability? Yes  No

If yes, please state the type of disability:

Hearing impairment  Visual impairment  Speech impairment  Mobility impairment  Mental health difficulties/mental illness

Physical coordination difficulties  Reduced physical capacity  Learning difficulties  Severe disfigurement

Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

## Age

Date of Birth (dd/mm/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

On the basis of your most recent birthday, please place yourself in one of the following age categories:

16-19  20-30  31-40  41-50  51-60  61+

## Those With and Without Dependants – Do you look after, or have responsibility for:

Your children  A person with a disability  A dependent elderly person  No caring responsibilities at present

Other  If Other, please specify: \_\_\_\_\_

## Employment Status

Employed Full Time  Unemployed and looking for work  Retired

Employed Part Time  Unemployed and not looking for work

## Employment Sector (if applicable)

Agriculture, Hunting and Forestry  Fishing  Mining and Quarrying

Manufacturing  Electricity, Gas and Water supply  Construction

Wholesale and Retail Trade  Hotels and Catering  Transport, Storage and Communication









Financial Intermediation  Real Estate, Renting and Business  Public Administration/Defence

Education  Health and Social Work  Community, Social and Personal Services  Not Known

This form can be made available in alternative formats on request

e-mail: [info@nrc.ac.uk](mailto:info@nrc.ac.uk)

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 <b>NRC – Antrim:</b> Fountain Street, Antrim, Co Antrim, BT41 4AL	T: 028 9446 3916	F: 028 9446 5132
 <b>NRC – Ballymena:</b> Farm Lodge Buildings, Ballymena, Co Antrim, BT43 7DF	T: 028 2565 2871	F: 028 2563 1353
 <b>NRC – Ballymena:</b> Trostan Avenue Building, Ballymena, Co Antrim, BT43 7BN	T: 028 2563 6221	F: 028 2565 9245
 <b>NRC – Ballymoney:</b> 2 Coleraine Road, Ballymoney, Co Antrim, BT53 6BP	T: 028 2766 0401	F: 028 2766 4529
 <b>NRC – Coleraine:</b> Union Street, Coleraine, Co Londonderry, BT52 1QA	T: 028 7035 4717	F: 028 7035 6377
 <b>NRC – Larne:</b> 32-34 Pound Street, Larne, Co Antrim, BT40 1SQ	T: 028 2827 8855	F: 028 2827 3289
 <b>NRC – Magherafelt:</b> 22 Moneymore Road, Magherafelt, Co Londonderry, BT45 6AE	T: 028 7963 2462	F: 028 7963 3501
 <b>NRC – Newtownabbey:</b> 400 Shore Road, Newtownabbey, Co Antrim, BT37 9RS	T: 028 9085 5000	F: 028 9086 2076

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