

Part-time/Postal Enrolment Form

2010/2011

Please complete all sections using BLOCK CAPITALS.



Course Details

Course Title: _____ Location: _____ Day: _____ Time: _____ Area of study/session code: _____

Personal Information

Surname: _____ Title: _____ Male Female
Forename(s): _____
Date of Birth: / / _____ Age on 1st July 2010: _____
Have you previously attended the College? Yes No
Home Address: _____

Post Code: _____ E-mail: _____
Telephone Number: _____ Mobile Number: (Priority Number) _____
Residency: Have you been resident in the UK for the last three years? Yes No
If not please state previous address: _____

Next of Kin

Name: _____ Tel No: _____ Mobile No: _____
Address: _____

Post Code: _____ Relationship (Please specify): _____

Learning Support

If you wish to declare a learning support need please complete this section.

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.

Do you have: A medical condition which may affect your studies? Yes No
A disability/learning difficulty which may affect your studies? Yes No

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 GCE A/AS Levels (A-E)
BTEC Higher National Diploma/Cert BTEC
RSA /OCR LCCI
CPVE Professional Bodies
Other Qualification No Qualifications

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
Full time student	<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

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