

# North West Regional College Part-time Enrolment Form

PLEASE COMPLETE THE FOLLOWING SECTIONS

Student Start Date:  DD /  MM /  YY  YY

Course Title:  Course Ref:   
 Location:  Start Date:  Day:  Time:   
 Day Release  PT Day  PT Evening  Full Fee Payable:  Conc Fee Payable:

Office Use Only: AOS Pathway / Session:  Student ID:

## Personal Details (Please complete ALL details clearly)

Title: Mr  Mrs  Miss  Gender: Male  Female  Date of Birth:  DD /  MM /  YY  YY

Surname:  Forename:  Marital Status: Single  Married/Cohabiting  Widowed  Separated/Divorced

Home Address:   
  
 Post Code:

Work Address:   
  
 Post Code:

Home Phone:  Mobile Phone:  Work Phone:  Email Address:

Nationality:  Residency: EU  Non-EU

Dependants: No. of Children (under 16 or under 18 if in ft education)   
 No. of Adults (elderly relatives, unemployed spouse)

## Learning Support

Please indicate if you have any learning difficulties/disabilities Yes  No  Office Use Only: Support letter issued:

Do you require us to give you additional help? Yes  No  Please state nature of disability & support required:

*If you have indicated any disability or medical condition which may affect your studies, your details will be passed to the College Learning Support Co-ordinator who will contact you to discuss your learning needs in confidence.*

Secondary School (Link Students Only):  Year (Please tick): 11  12  13  14

## Employment Status (Please tick where appropriate)

Employed Full Time (5)  Employed Part Time (6)  Unemployed (9)  Economically Inactive (14)

Sector: Agriculture, Hunting & Forestry (20)  Health & Social Work (33)  Mining & Quarrying (22)  Education (32)   
 Community, Social & Personal (34)  Public Admin. & Defence (31)  Elect. / Gas & Water (24)  Fishing (21)   
 Transport, Storage & Communication (28)  Hotel & Restaurants (27)  Construction (25)  Manufacturing (23)   
 Real Estate, Renting & Business (30)  Financial Intermediation (29)  Wholesale & Retail (26)  Not Known (99)

## Qualifications

Please give details of the highest current qualification you hold.

GCSE or equivalent (Include O Level & CSE)	<input type="text"/>
Irish Leaving Certificate	<input type="text"/>

## Equal Opportunities (Please note: this will be separated by our Admissions staff from your application form once we have recorded the information)

In accordance with the regulations set up by the Department of Employment & Learning, regarding equal opportunities monitoring, please complete the following sections. **Tick as appropriate:**

### Disability (as defined by the Disability Discrimination Act 1995)

A physical or mental impairment which has a substantial or long term adverse effect on an individual's ability to carry out normal day to day activities:

Do you consider yourself to have such a disability:  
 Yes  No

### Community Background

Member of Protestant Community   
 Member of Roman Catholic Community   
 Other Christian   
 Non Christian   
 No religion

### OFFICE USE ONLY: EQUAL OPPORTUNITIES UNIT

REF:

### Ethnic Origin Please indicate:

Black African  Chinese   
 Black Caribbean  Indian   
 Black other  Irish Traveller   
 Bangladeshi  White   
 Pakistani  Mixed Ethnic Group   
 Other:

Continued...

## Fee Category

Are you Paying:  Full Fee  Reduced Fee (please attach evidence)

Please state who will be paying your fees:  Self  Employer  Other

Employer / Agency Address:

Post Code:

Tel No. :

Financial assistance may be available to students aged 19 or over enrolled on a vocational course. Contact our financial Helpline on 028 7127 6010 or 028 7127 8770 for more details.

Company Stamp and Authorised Signature:

### INVOICE DETAILS

\*Please have the Company Details and Stamp or Authorised Signature above completed or attach a letter from the organisation stating that they will pay your fees. Your fees are not deemed paid until a responsible organisation provides payment.

**REDUCED FEES:** These apply to the following groups only. **IF YOU QUALIFY FOR REDUCED FEES YOU MUST PROVIDE THE NECESSARY EVIDENCE. FAILURE TO DO SO WILL RESULT IN YOUR ENROLMENT NOT BEING PROCESSED. HOWEVER, IF YOU PAY THE FULL FEE YOUR ENROLMENT WILL BE PROCESSED AND YOU WILL BE PROVIDED WITH A REFUND IF YOU SUBSEQUENTLY PROVIDE THE NECESSARY EVIDENCE.**

Applicants eligible for reduced fees, please tick which applies:

- |  |   |  |
|--|---|--|
| <input type="radio"/> Full time Further / Higher Education Students  | <input type="radio"/> Income Support (or dependent spouse)      | <input type="radio"/> Over 60 in receipt of Pension Credit/Rates Relief Scheme |
| <input type="radio"/> Income Based Jobseekers Allowance (or dependent spouse)                                  | <input type="radio"/> Long-term Incapacity Benefit              |  |
| <input type="radio"/> Working Tax Credit / TC602 / NHS Exemption Certificate (within the qualifying threshold) | <input type="radio"/> Under 19 on 1 July 2012                   |  |
|  | <input type="radio"/> Income Based Employment Support Allowance |  |

OFFICE USE ONLY:

Verified & Evidence Attached

## Finance Section (OFFICE USE ONLY)

Payment Method: Cash  Cheque  Switch  Credit Card  Invoiced

Cash Transactions:

Amount Paid:  Receipt No.:  Date:  Received By:

Amount Invoiced:  Invoiced to:  Date:  Processed By:

## Safeguarding Children, Young People and Vulnerable Adults

Have you ever been investigated for allegations:

- a violent or sexual nature? Yes  No
- relating to child abuse? Yes  No

Have you ever been convicted of / received a caution for:

- a criminal offence of a violent or sexual nature? Yes  No
- an offence relating to the distribution and/or sale of illegal drugs? Yes  No

Providing misleading information may lead to your application/enrolment being withdrawn.

## Student Declaration

I certify that the details on this form are correct and that if accepted I wish to be enrolled for the above course and accept that payment of any fees incurred is my responsibility. I understand that I will cease to be a student of the College if I have an absence without explanation for more than four consecutive weeks or if it becomes clear I have provided false statements or have withheld relevant information. In such circumstances, I also understand I will have to apply to be re-admitted as a student. By signing this form I agree to comply with all College regulations, policies and guidelines. Copies of these can be obtained from College Libraries. **Enrolment on a course at this College WILL NOT be processed if the form is not signed by the student.**

Signed  Print Name  Date

**Data Protection:** All personal data will be held in accordance with the Data Protection Act (1998). Some information will be forwarded to the Department of Employment and Learning and its appointed agents, Awarding Bodies to fulfill statutory obligations and the Learning Records Service for the allocation of your Unique Learner Number. Information available at [www.learningrecordsservice.org.uk](http://www.learningrecordsservice.org.uk). At no time will your personal information be passed onto organisations for marketing or sales purposes. Information will be held on the college's computerised system and manual records will be retained for a maximum period of 7 years.

OFFICE USE ONLY:

College Signature:  Print Name:  Date:

Enrolment/FESR Processed by:  Print Name:  Date:

NOTE: You are not enrolled on a course until you have paid the relevant tuition fees. Fees are non-refundable except where a class is cancelled. If the College cancels your chosen course, you will automatically receive a refund. Refunds will be issued in the form of a cheque to the student named on this enrolment form.

Please return to the admissions office suitable for the location of your chosen course:

Location: **Limavady**  
Admissions Office  
North West Regional College  
Main Street  
Limavady  
BT49 0EX

Location: **Derry/Londonderry or Strabane**  
Admissions Office  
North West Regional College  
Strand Road  
Londonderry  
BT48 7AL

[www.nwrc.ac.uk](http://www.nwrc.ac.uk)

Please attach any additional information you feel will support your application when returning your form.  
Alternative formats of this form are available on request.