

North West Regional College PART-TIME ENROLMENT FORM

PLEASE COMPLETE AND RETURN ALL 5 PAGES OF THIS FORM

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 Ms Dr

Surname:

Forename:

Permanent Home Address: _____

Post Code:

Nationality:

What is your country of birth?

Please write the present name of the country

Unique Learner Number (ULN):

Sex: Male Female Other

Date of Birth: D / M / Y Y Y Y

Home Phone:

Mobile Phone:

Work Phone:

Email:

Residency: EU Non-EU

What is your main language OR what is your first language?

English Other

Learning Support

Office Use Only:
Support letter issued

Please indicate if you have any learning difficulties/disabilities: Yes No

Do you require additional help from us? Yes No

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.

Please state nature of disability & support required:

Safeguarding

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

Failing to complete this section or providing misleading or false information may lead to your application/enrolment being withdrawn.
Ticking 'Yes' to any of the questions above will result in a follow up meeting in order to obtain further details.

Where did you hear about the Course? (Please tick where appropriate)

Career Guidance:

School / Careers Teacher
DfE Careers Service Adviser
College Careers Service / Tutor

Advertising:

Newspaper Advertisement
TV Advertisement
Radio Advertisement
Billboard / Bus / Bus Shelter Advertisement
TV / Radio Interview or Newspaper Article

Other:

Word of Mouth (friend, parent etc)
Employer
Jobs and Benefits Office
Other

Web / Digital:

NIDirect
College Website
Social Media (Facebook, Twitter)

College

College Information Day
College Literature / Prospectus

Education Details Qualifications already held or pending - please attach evidence of your results

| Subject | Date | Exam Body | Type | Level | Grade |
|---------|------|-----------|------|-------|-------|
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Reduced Fees (Concessionary)

These apply to the following groups only.

OFFICE USE ONLY: Verified & Evidence Attached

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:

- Full time Further / Higher Education Students
- Income Based Jobseekers Allowance (or dependent spouse)
- Working Tax Credit / TC602 (within the qualifying threshold)
- Income Support (or dependent spouse)
- Long-term Incapacity Benefit
- Under Under 19 on 1st July on Year of Entry
- Income Based Employment Support Allowance
- Over 60 in receipt of Pension Credit/Rates Relief Scheme
- Universal Credit (within the qualifying threshold)

- ROI State Pension (Non-Contributory);
- ROI Carer's Allowance;
- ROI One Parent Family Payment;
- ROI Widow's or Widower's (Non-Contributory) Pension;
- ROI Unemployment Assistance;
- ROI Pre-Retirement Allowance (PRETA);
- ROI Disability Allowance;
- ROI Supplementary Welfare Allowance

Fee Category*

**Financial assistance may be available to students aged 19 or over enrolled on a vocational course. For more information visit: www.nwrc.ac.uk/faq*

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:

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.

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:

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

Enrolment Form Privacy Notice

North West Regional College (Data Controller) is permitted to process personal data where there is a lawful basis to do so. NWRC recognises and respects the importance of your privacy and is committed to treating your information responsibly and in compliance with the data protection legislation. The lawful basis for the processing of personal data included and associated with this Enrolment Form (including your results and benefit evidence) is; 'that processing is necessary for the compliance with a legal obligation' and/or 'processing is necessary for the performance of a task carried out in the public interest'.

The information that you provide on this form will be processed to administer your studies, to deliver your programme and to monitor your performance and attendance. We also use your information to manage recruitment, admission, registration, enrolment, study, examination and graduation. Your information will be used to provide you with College facilities and services, to provide you with support and to process any payments to be made to you. We may also use your information to conduct research and surveys to identify ways to enhance learning, teaching, assessment and the whole student experience. Information will be passed between relevant Curriculum Schools and support Departments within the College for operational purposes and will be disclosed to external agencies where we have an obligation to do so and where a lawful basis exists, such as; Government Departments and their Nominees, Statutory Bodies, Higher Education Statistics Agency, Student Loans Company, Funders, Learning Records Service for allocation of your Unique Learning Number, Placement Providers, UCAS, Universities, Credit Reference Agencies, Crime Prevention Organisations. Employers (who pay your fees and allow you time off work to attend courses) may request information regarding your attendance, progress and results. All personal data will be held in line with the Sector Retention & Disposal Schedule. For further information on your individual rights and to access our Data Protection Policy, please visit www.nwrc.ac.uk/policies.

NWRC Terms & Conditions are available online at www.nwrc.ac.uk/policies. Please read through the Terms & Conditions online or request a copy from the College.

OFFICE USE ONLY:

College Signature:

Print Name:

Date:

Enrolment/FESR Processed by:

Print Name:

Date:

Marketing

The College would like to stay in touch with you if there are new courses, events/initiatives or materials we think you may be interested in. You will be given the opportunity to unsubscribe with each email communication which will remove you from future mailings. You can also withdraw your consent to this at any time by logging back on to the Application Portal and updating your preferences or by contacting our Data Protection Officer at dpo@nwrc.ac.uk

Yes

No

Contact

Your success at the North West Regional College is best achieved through support from staff, College Support Services and family/friends. In order to provide you the best student support our College has to offer we may wish to contact your emergency contact to keep them updated on your progress. Please select 'Yes I agree' to the options if you consent to us contacting your emergency contact about your progress. You have the right to withdraw your consent to this at any time by logging back on to the Application Portal and updating your preferences or by contacting our Data Protection Officer at dpo@nwrc.ac.uk

Yes

No

**Please return completed Enrolment Form AND Monitoring Form
to the admissions office suitable for the location of your chosen course:**

Derry-Londonderry
Administration Office
North West Regional College
Strand Road, Londonderry
BT48 7AL

Limavady
Administration Office
North West Regional College
Main Street, Limavady
BT49 0EX

Strabane
Administration Office
North West Regional College
Derry Road, Strabane
BT82 8DX

www.nwrc.ac.uk/parttime

Please attach any additional information you feel will support your application when returning your form.

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.

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**Please continue to Equality
Monitoring Form on next page**

North West Regional College

EQUALITY MONITORING FORM

Explanatory Note:

The North West Regional College wishes to ensure that its services are accessible to everyone regardless of their gender, age, nationality, race, marital status, religious belief, sexual orientation, political opinion, and whether or not they have a disability or dependents. Whilst the completion of this monitoring form is optional, there is a requirement for data to be collected from students in line with equality legislation in Northern Ireland. The College would appreciate your co-operation in order that it may monitor and evaluate IT services for students.

Please note: This page is strictly private and confidential and will be separated from your form by our Administration Staff

Marital Status *(please tick one box)*

Are you...?

| | |
|-------------------------|-----------------------------------|
| Single | Divorced / Dissolved |
| Married / Civil Partner | Widowed / Surviving Civil Partner |
| Separated | |

Employment Status *(please tick one)*

What is your current main employment status?

Employed Full Time (30 hours out more per week)
Employed Part-Time (less than 30 hours per week)
Self Employed

Not in work and not looking for work

Retired/looking after family OR home/long-term sick
Student/Waiting to start a course
College or University
Other (e.g. voluntary unpaid work)

Unemployed (out of work and looking for work) for

less than 6 months
6 - 11 months
12 or more months

Ethnic Group

To which of these ethnic groups do you consider you belong to?
(please select the option that is most appropriate for you)

| | |
|-----------------|------------------------|
| White | Bangladeshi |
| Black Caribbean | Chinese |
| Black African | Asian Other |
| Black Other | Irish Traveller |
| Indian | Mixed Ethnic Group |
| Pakistani | Any Other Ethnic Group |

Religious Belief

What religion, religious denomination or body do you belong to?

| | |
|--------------------------------|----------------|
| Roman Catholic | Hindu |
| Presbyterian Church in Ireland | Jewish |
| Church of Ireland | Muslim |
| Methodist | Sikh |
| Other Christian | Other Religion |
| Buddhist | None |

Dependants

Do you have a personal responsibility for the care of?
(tick each box that applies to your circumstances)

| | |
|-----------------------|---------------------------------|
| A Child (or Children) | A Person(s) with disability |
| A Dependant Adult(s) | No I do not have any dependents |

Disability

Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last at least 12 months?

Yes No

If YES to the above, please state the type(s) of impairment that apply to you *(please tick all that apply)*

A specific learning disability such as dyslexia / dyspraxia / AD(H)D
Blind or serious visual impairment uncorrected by glasses
Deaf or serious hearing impairment
A Physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
A social/communication impairment such as asperger's syndrome/ other autistic spectrum disorder
A mental health condition, such as depression, schizophrenia or anxiety disorder
Longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
A disability, impairment or medical condition not listed above

Care Background

Are you in care or have been in care?

In care is to mean either fostering, adopted, care home or other supported residential care.

Yes No

Community Background

What religion, religious denomination or body were you brought up in?

| | |
|-----------------|----------------|
| Roman Catholic | Other Religion |
| Protestant | None |
| Other Christian | |

Sexual Orientation

Which of the following options best describes how you think of yourself?

| | |
|-------------------------|-------------------|
| Heterosexual / Straight | Lesbian |
| Bisexual | Other |
| Gay | Prefer not to say |