

ENROLMENT FORM

Please send your completed form, with payment, to: Admissions, New College, FREEPOST SN2 025, Swindon SN3 2XR
OR fax the form with your payment details to (01793) 436437
OR call Freephone 0808 172 1721 with your completed form in front of you with a suitable debit or credit card
 (lines open 9.00am-4.00pm Monday to Friday).

Please complete this form in **BLOCK CAPITALS** in black ballpoint pen and tick boxes where required.

COURSES FOR WHICH YOU WANT TO ENROL:

Name of Course	Start Date	Course Code	Fee

ABOUT YOURSELF:

Surname:
 First Name(s)
 Title: (Mr/Mrs/Miss/Ms/Dr) Date of Birth:
 Address:

 Postcode:
 Tel: (Home)
 (Work)
 (Mobile)
 E-mail address:
 Nationality:
 When did you take up residency in the EU/EEA

 Unique Learner Number - ULN (if known):
 Have you attended New College before?
 Yes No
 Are you currently enrolled/attending another college or training provider?
 Yes No
 Which college?
 What course?
 Are you taking this course to help you in your work?
 Yes No
 Will you be claiming your course fee back from your employer?
 Yes No

PREVIOUS QUALIFICATIONS:

What is your highest current qualification? Please tick one box only:

- No qualifications**
Entry Level e.g. Basic Skills
Level 1 e.g. NVQ 1 **or** GCSEs below Grade C **or** CSEs below Grade 1 **or** BTEC First Certificate **or** GNVQ Foundation
Level 2 e.g. NVQ 2 **or** 5 x GCSEs Grade A*-C **or** 5 x O Levels **or** 5 x CSEs Grade 1 **or** BTEC/RSA 1st Diploma **or** GNVQ Intermediate
Level 3 e.g. NVQ 3 **or** 2 **or** more A Levels **or** BTEC National Diploma **or** RSA **or** CGLI Advanced Certificate **or** GNVQ Advanced
Level 4 and above e.g. NVQ 4 **or** Degree **or** HNC/HND **or** Diploma in Management
Not known

ADDITIONAL SUPPORT/ASSISTANCE:

If there are things that make learning hard for you, or might hold back your progress, we would like you to tell us about them. We will do all we can to provide the advice and guidance you need.

We also encourage you to allow us to inform key members of staff, such as your tutors and members of the Student Services team, about your additional needs.

Do you consider that you have a disability, or that you need additional support with your chosen course(s)?

Yes No

If you have answered 'yes', please tell us below, by ticking one box, how you would like to give us the extra information we need:

- I would like to talk to a member of the Additional Support Team.
 I would like to fill in and return a form before my course begins.
 I would like you to send a form to the person named below so that they can fill it in and return it to you. Please send a form to:

Name:

Address:

.....

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HOW WILL YOUR FEES BE PAID?

I wish to pay fee(s) totalling: £.....

<input type="checkbox"/> Cash (Please do not send cash if enrolling by post)
<input type="checkbox"/> Cheque (Made payable to New College)
<input type="checkbox"/> Credit/Debit Card (Please fill in details below)
<input type="checkbox"/> Instalments - for fees over £150 for courses of 10 wks or more (50% deposit when you enrol together with 2 further dates and payment methods).
<input type="checkbox"/> Invoice to Employer (Please enclose a letter of authorisation from your employer if they are paying your course fees).

CREDIT/DEBIT CARD DETAILS:

Please complete this if you are paying by credit or debit card

Card No:

Last 3 digits of Security Number on back of card:

Mastercard Visa Switch/Delta

Expiry Date:

Cardholder's Name: (as on card)

Switch/Solo cards valid from date:

Issue Number:

I agree to my credit/debit card being charged as above.

Signature:..... Date:.....

DO YOU WISH TO CLAIM A REDUCTION IN FEES?

This information is **PRIVATE** and **CONFIDENTIAL**.

I wish to claim reduced course fees because I receive the following benefit(s):

- Employment Support Allowance
 Job Seeker's Allowance Housing Benefit Income Support
 Pension Guarantee Credit Council Tax Benefit
 I am the unwaged partner or child of someone receiving the above Working Tax Credit Award (total household income of less than £15,276)

I understand that I may need to pay a £35 registration fee. (see p15)

If you do not have the documents to prove this please contact Admissions for a form to take to your Benefit Office.

I will inform the College of any change which could affect my fee reduction.

You may get your course for FREE - see advert on page 3 for details.

EQUAL OPPORTUNITIES MONITORING:

New College is committed to Equality, Diversity, Inclusion and Excellence. Our College enables all its members to fulfil their potential and to have their contributions equally valued and respected. We seek to recruit staff and students who represent the diversity of our local community, promoting equality of opportunity and encouraging good relations between people of different groups.

Please tick the box that describes your ethnic background. Ethnic background describes how we think of ourselves, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. This information is confidential and will be used for statistical purposes, not as part of your application. If you have any questions, please ask.

WHAT IS YOUR ETHNIC BACKGROUND? (please tick one box)

- | | |
|--|--|
| <input type="checkbox"/> 11 Asian/Asian British - Bangladeshi | <input type="checkbox"/> 12 Asian/Asian British - Indian |
| <input type="checkbox"/> 13 Asian/Asian British - Pakistani | <input type="checkbox"/> 14 Asian/Asian British - any other Asian background |
| <input type="checkbox"/> 15 Black/Black British - African | <input type="checkbox"/> 16 Black/Black British - Caribbean |
| <input type="checkbox"/> 17 Black/Black British - any other Black background | <input type="checkbox"/> 18 Chinese |
| <input type="checkbox"/> 19 Mixed - White & Asian | <input type="checkbox"/> 20 Mixed - White & Black African |
| <input type="checkbox"/> 21 Mixed - White & Black Caribbean | <input type="checkbox"/> 22 Mixed - any other Mixed background |
| <input type="checkbox"/> 23 White - British | <input type="checkbox"/> 24 White - Irish |
| <input type="checkbox"/> 25 White - any other White background | <input type="checkbox"/> 98 Any other background |

To find out more about equality and diversity at New College, visit our website.

HOW DID YOU HEAR ABOUT THE COURSE(S)?

Please tick more than one box if appropriate:

- | | |
|--|---|
| <input type="checkbox"/> 01 Through tutor | <input type="checkbox"/> 02 Friend or relative |
| <input type="checkbox"/> 03 Through employer | <input type="checkbox"/> 04 Through letterbox |
| <input type="checkbox"/> 05 Email from the College | <input type="checkbox"/> 06 Library/comm centre |
| <input type="checkbox"/> 07 Press advert | <input type="checkbox"/> 08 Show, event or fair |
| <input type="checkbox"/> 09 Billboard | <input type="checkbox"/> 10 Open Evening |
| <input type="checkbox"/> 11 On College mailing list | <input type="checkbox"/> 12 College Website |
| <input type="checkbox"/> 13 Fence banner | <input type="checkbox"/> 14 Other Website (state) |
| <input type="checkbox"/> 15 Other (please state) | |

STUDENT DECLARATION:

I am aware of the opportunities outlined in New College's publicity materials and have taken those I consider appropriate for enrolling on the course(s) chosen.

I am aware of my entitlement to advice and guidance as set out on p15 (Useful Information) of this part-time brochure, and I have received and read a course information sheet.

I am satisfied with my choice of course(s). I understand that refunds will only be given in exceptional circumstances.

Please indicate that you have no 'relevant' criminal convictions. 'Relevant' means offences against a person, whether violent or sexual, and offences involving drugs or controlled substances, or theft. A 'yes' answer does not automatically exclude your enrolment.

Do you have a 'relevant' criminal conviction? Yes No

I declare that, to the best of my knowledge, the information that I have given is correct, and I agree to abide by the terms and conditions of the College.

Signature (student):

.....

Date:

Signature (staff):

.....

Date:

We may, occasionally, wish to contact you about other courses or learning opportunities. Please indicate your preferences below:

YES! I would like to receive further information

I do not want to receive information

Data Protection - The information you provide on this form is stored and processed following the principles of the Data Protection Act 1998. This information will be passed to the Learning and Skills Council, who are registered under the Act. The Learning and Skills Council will collect and share this information with other organisations for the purposes of administration, careers and other guidance, statistical and other research to monitor performance, improve quality and plan future provision.

If you do not wish to be contacted by the LSC please tick box:

I agree to New College processing personal data contained in this form and/or other data about me which the college may obtain from me or other people whilst I am a student, and for a period following the completion of my studies. I agree to the processing of such data for any purposes connected with my studies or my health and safety or for any other legitimate reason. It is the policy of New College to share information about your progress as part of our positive learning partnership with parents/carers, sponsoring employers, partner schools and colleges and the media.



New College Drive, Swindon, Wiltshire, SN3 1AH

Tel: 01793 611470 Fax: 01793 436437