swarthmore **ENROLMENT FORM 2009/10**

Please complete this form in **BLOCK LETTERS**. Information will be treated as confidential in line with the Data Protection Act 1998. It will be used to ensure the needs of students are met and to monitor our Equal Opportunities Policy. Information you provide may be passed to the Learning and Skills Council (LSC) and other funders. See page 24 of the Autumn brochure for a full statement.

☐ Please tick box if you do not wish to be contacted other than by Swarthmore

PERSONAL DETAILS

NL ☐

Surname	Other Names	Mr/Mrs/Ms	Date of Birth (D D M M Y Y)	Gender (M F)

Address

_____

_____

_____ Postcode _____

Tel Home _____

Tel Other _____

Email _____

Emergency Contact (if you have an accident or are ill)

Name _____

Tel _____

Please inform Reception of any changes to the above details

How would you describe your ethnic origin? (tick one box)

- ☐ White – British
- ☐ White – Irish
- ☐ White – any other background
- ☐ Mixed – White and Asian
- ☐ Mixed – White and Black African
- ☐ Mixed – White and Black Caribbean
- ☐ Mixed – any other Mixed background
- ☐ Black or Black British – African
- ☐ Black or Black British – Caribbean
- ☐ Black or Black British – any other Black background
- ☐ Chinese
- ☐ Asian or Asian British – Bangladeshi
- ☐ Asian or Asian British – Indian
- ☐ Asian or Asian British – Pakistani
- ☐ Asian or Asian British – any other Asian background
- ☐ Any other
- ☐ not known/not provided

COURSE DETAILS

Course Code	Course Title	Course Fee	Receipt No.
			Office Use only
PAYMENT (cheque payable to Swarthmore)	**Membership Fee**	**£7**	Total £
Optional	Donation to Swarthmore's Charitable Work		Amount Paid £
	TOTAL		Balance £

CONCESSIONS

I wish to apply for **'A'** rate concession. I am in receipt of: (please tick)

- ☐ **Job Seekers Allowance**
- ☐ *** Working Tax Credit**
- ☐ **Income Support**
- ☐ **Council Tax/ Housing Benefit**
- ☐ **I am a dependant of someone in receipt of the above benefits**

** see page 22 of brochure for conditions regarding Tax Credits*

I wish to apply for **'B'** rate: (please tick)

- ☐ **Retired and in receipt of state pension**
- ☐ **A Full-Time Student**
- ☐ **In receipt of a non-means-tested benefit** (Please specify)

Evidence seen: N.I. no. or Ref. no. Initial

GUIDANCE AND ADDITIONAL SUPPORT

☐ Uplift

Did you receive enough guidance or help when joining your course?		**No** ☐	**Yes** ☐
Would you like an additional personal interview or further information?		**No** ☐	**Yes** ☐
Do you consider yourself to have a:	**Learning disability and/or difficulty?**	**No** ☐	**Yes** ☐
	Physical disability and/or difficulty or health problem	**No** ☐	**Yes** ☐

If you have any other disability/difficulty that may affect your learning or the learning of others, please specify:

We may be able to offer support in the classroom for learners on 'F' or 'L' courses. If you think you may need support in your class, you must contact the Centre to arrange an interview before enrolling.

RESIDENCE If you have not always lived in the UK

Country of Birth	**Nationality** (as shown on passport)
How long have you lived in the UK?	_____ **years** _____ **months**

QUALIFICATIONS (tick one box, or enter your highest qualification under 'other')

- ☐ **None**
- ☐ **Qualification below level 1**
- ☐ **Level 1 e.g. GCSEs/O levels (grades D–G, or less than 5 A–C)**
- ☐ **Level 2 e.g. GCSEs/O levels (5+ grades A–C)**
- ☐ **Level 3 e.g. 2 A levels, BTEC, OND**
- ☐ **Level 4 e.g. Degree, PGCE, BTEC, HND**
- ☐ **Other – please specify:**

I FOUND OUT ABOUT SWARTHMORE FROM...

☐ **I was a previous student**	☐ **Internet**	☐ **Training access**
☐ **Friend**	☐ **Brochure from library**	☐ **Referred by:**
☐ **Passing by**	☐ **Brochure from elsewhere**	☐ **Other – please specify:**

CHILDCARE I wish to reserve child-care places as follows:

Day	Time(s)	Age	Name	A Rate	B Rate	Full Rate

SWARTHMORE MEMBERSHIP

This entitles students to become actively involved in the running of Swarthmore. You can attend the AGM as well as become involved in the Board of Trustees, otherwise known as *Swarthmore Council* and help run the Centre.

Read the Student Handbook for further information.

DECLARATION – please sign below

- ► I acknowledge my entitlement to receive the Swarthmore Annual Report and Financial Statements as outlined on page 24 of the Swarthmore Autumn Brochure 2009/10
- ► I agree to comply with the essential regulations of Swarthmore, to pay tuition fees and inform the Centre of any changes in my circumstances that might affect my eligibility for remission of fees.
- ► I have read and understood the refund policy.
- ► I understand Swarthmore will not accept any responsibility for personal property.
- ► I have received appropriate advice and guidance about the above course(s).
- ► I agree to abide by Swarthmore's policies regarding equality of opportunity and behaviour

SIGNED **Date**