

Enrolment No:

**Part time Programmes Booking Form**

**2018/2019**

|  |  |
| --- | --- |
| Apply by e-mail: Please complete this form and  send by email to adultlearning@henleycol.ac.uk | Apply by post or in person: complete this form and  send or deliver by hand to the address above |

Dr / Mr / Mrs / Miss / Ms (please circle as appropriate) Female 🗆 Male 🗆

Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you lived in the UK for the past 3 years?  Yes  No

*If NO please give date of entry to the UK: \_\_\_\_\_\_\_\_* Are there any restrictions on your stay in the UK?  Yes  No

*If YES, please state the restriction and the expiry date.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are aged between 16 and 19 state the name of your last school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme applied for:

|  |  |  |
| --- | --- | --- |
| **Course Code** | **Course Title** | **Fees (including registration and materials)** |
|  |  |  |
|  |  |  |
| Concessionary Fee Claimed Yes 🗆 No 🗆  Reason:  **TOTAL £** | |  |

**Please give your preferred contact number in case of last minute cancellation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NB Students from countries outside the European Union, who wish to enrol, should expect to pay higher tuition charges. Please contact the Part-Time Programmes Admissions Office before enrolling.**

All concessions must be applied for **in person** at Deanfield reception, please bring proof of entitlement when you enrol.

**If not you, who is paying your fees?** If your fees are being paid by your employer, you must provide either a purchase order number or a letter of authorisation at the time of enrolment.

 Your Employer  Other (e.g. Training Agency)

 Purchase order attached  Letter of authorisation attached

Company Name:............................................................................. Contact Name: ..........................................................................…

Address:................................................................................................................................................................................................................................................................................................................................. Postcode:.............................................................. Contact Phone No: ..........................................................Contact e-mail address ................................................................................

**YOUR BOOKING WILL BE CONFIRMED ONCE PAYMENT HAS BEEN RECEIVED.**

**Please indicate how you are going to pay for your course:**

* **BY CHEQUE**: These should be made payable to The HENLEY College and posted/delivered in person with this form to Part-time Courses, The Henley College, Deanfield Avenue, Henley-on-Thames, Oxon RG9 1UH *Please print name and address and cheque card number on reverse.*
* **BY TELEPHONE USING A CREDIT OR DEBIT CARD**: Please complete the booking form and send by email or post­. We will call you to arrange payment. ­­­­­­­­
* **CASH:** Please do not send cash in the post. Cash payments can be made in person at the Deanfield Reception.

**Cancellation and Refund Policy 2018/2019**

1. Cancellation of course by the College before the start: you will receive a FULL REFUND.
2. Student withdraws no later than 2 weeks prior to the **Start** of the course: you will receive a Full Refund LESS £15 cancellation fee.

For office use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course code | Amount Received | Method of payment | Received by | Date |
|  |  |  |  |  |
|  |  |  |  |  |

**Do you have any physical or medical conditions which the College should know about in an emergency?**

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you have any kind of disability e.g. sight, hearing, mobility?**

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you have any kind of learning difficulty e.g. dyslexia?**

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How did you find out about this course?**

Website: 🗆 Newspaper: 🗆 Other: 🗆

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide the name, address and emergency telephone numbers of your next of kin / person to contact in case of emergency:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following information is required for statistical purposes only. Please complete by ticking the following:**

|  |  |  |
| --- | --- | --- |
| 🗆 English/Welsh/Scottish/Northern Irish /British | 🗆 Any other Mixed/multiple ethnic background | Caribbean |
| 🗆 Irish | 🗆 Indian | Any other Black/African/Caribbean background |
| 🗆 Gypsy or Irish Traveller | 🗆 Pakistani | Arab |
| 🗆 Any other White background | 🗆 Bangladeshi | Any other ethnic group |
| 🗆 White and Black Caribbean | 🗆 Chinese |  |
| 🗆 White and Black African | 🗆 Any other Asian background |  |
| 🗆 White and Asian | 🗆 African |  |

**Learner Agreement and Privacy Notice**

*I agree to undertake the Learning Programme detailed on this form and to comply with the College regulations contained in the Student Handbook. I certify that the information I have given is correct.*

Signed: ..................................................................................................... Date: ......................................................................

The Henley College will use all your data, including assessments, reviews, exam marks and destinations for the administration of training and education and for marketing. We may disclose your information to our agents and service providers for these purposes.

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department for Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeship, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

We or they may contact you with offers of services or goods or forthcoming events or for customer response surveys.

You can **agree** to be contacted by **ticking** all boxes that apply:-

Courses or learning opportunities Surveys and research

by **Post** by **Telephone** by **Email** by **SMS**

If you **agree** to share your LRS course & achievement data, tick this box to allow **LRS** sharing

We reserve the right to contact your parent/guardian (for students aged under19 at the start of the programme) or employer (if the employer is paying your fees) regarding your progress.



The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

|  |  |  |  |
| --- | --- | --- | --- |
| Enrolment Check | System Input | System Input | Image Processed |
|  | Primary | Secondary |  |

**Processing Initials:**(for Admin. only)