

Enrolment Form

ITEC Courses

Receipt No:	_____
Date:	_____
Method of Payment:	_____
Course Outline:	_____

Please complete both sides of the enrolment form.

Personal details

Title Mr/Mrs/Miss/Ms _____	Address _____
Surname _____	_____
First Name _____	Town _____
Date of Birth _____	County _____
Male <input type="checkbox"/> Female <input type="checkbox"/>	Post Code _____
Home telephone _____	Email _____
Work/Mobile telephone _____	Student Number (if known) _____
Emergency Contact Number _____	Emergency Contact Name _____

Do you consider yourself to have a learning difficulty or a disability? Yes No

If yes the College will send an additional form to assess your support needs.

For office use	
Date Sent	LSM

Ethnic origin

I would describe myself as:

- | | |
|---|---|
| Asian / Asian British – Bangladeshi (11) <input type="checkbox"/> | Mixed / White and Asian (19) <input type="checkbox"/> |
| Asian / Asian British – Indian (12) <input type="checkbox"/> | Mixed / White and Black African (20) <input type="checkbox"/> |
| Asian / Asian British – Pakistani (13) <input type="checkbox"/> | Mixed / White and Black Caribbean (21) <input type="checkbox"/> |
| Asian / Asian British – Other (14) <input type="checkbox"/> | Mixed / Other (22) <input type="checkbox"/> |
| Black / Black British – African (15) <input type="checkbox"/> | White / British (23) <input type="checkbox"/> |
| Black / Black British – Caribbean (16) <input type="checkbox"/> | White / Irish (24) <input type="checkbox"/> |
| Black / Black British – Other (17) <input type="checkbox"/> | White / Other (25) <input type="checkbox"/> |
| Chinese (18) <input type="checkbox"/> | Other (98) <input type="checkbox"/> |

Have you lived in England for the last three years? Yes No

If NO, where have you lived for the last three years? _____
Please state your nationality _____

Course details

Course No.	Course Title	Cost £
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Alternative courses below this line please		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

	*Annual registration fee for all students	£5.00
	Voluntary Membership of Student Association	£1.00
	Please note: the College has a no refund policy Total	

*Not applicable to one day classes, courses under £28 or children under 12 - Payable each academic year

Please send a separate cheque for each course

Enrolment Form

Concessionary/free fees. (Please see brochure for details of documentary evidence)

If you are in receipt of a free place you must still pay for examination and administration fees upon enrolment. You may apply to the Learner Support Fund for assistance please Finance section of the current brochure.

I am claiming a reduced fee and attach documentary evidence of my entitlement.

I am:

- | | | | |
|---|--------------------------|---|--------------------------|
| A pensioner aged 60+
16 - 18 years old | <input type="checkbox"/> | A person with a learning difficulty or disability | <input type="checkbox"/> |
| On income support | <input type="checkbox"/> | A registered jobseeker | <input type="checkbox"/> |
| Other (please state) <input type="checkbox"/> | | Receiving jobseekers' allowance | <input type="checkbox"/> |

For office use

Access form sent

Copy to AL

How did you hear about the College?

- | | | | |
|-----------------|--------------------------|----------------------------|--------------------------|
| Advertisement | <input type="checkbox"/> | Friend/Relative | <input type="checkbox"/> |
| Brochure | <input type="checkbox"/> | Employer | <input type="checkbox"/> |
| Library | <input type="checkbox"/> | Website | <input type="checkbox"/> |
| Current Student | <input type="checkbox"/> | Other (please state) _____ | |

Payment details

I authorise you to debit my:

Switch/Delta/Mastercard/Visa Total

Card No. _____ Security Code

Valid From _____ Expiry Date _____ Issue No: _____

Cardholder's Name _____

Cardholder's Signature _____

If paying by cheque please make payable to 'AEC Bexley'.

Data Protection – please see Terms and Conditions on page 21.

Tick this box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners aged over 16 in England.

The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. Please tick here if you do not wish to be contacted about courses or learning opportunities by post.

Further information on partner organisations and data protection issues can be found on the LSC website www.lsc.gov.uk.

Please ensure you have ticked the relevant boxes in this section.

All students must sign here

I have read the terms and conditions by which my course(s) is/are booked

Please note: the College has a no refund policy

I have received my information pack detailing the content and necessary commitment for this course

Signature _____ Date _____

Approved:

AECB tutor has approved this student for enrolment on (subject) _____ (level) _____

Signature _____ Date _____