

ALL SECTIONS OF THIS FORM MUST BE COMPLETED (EXCEPT SHADED AREAS)

(A representative may complete and sign this form on your behalf)

You can enrol by telephone on 0845 600 7555 or by post for courses which have a course code.

PERSONAL DETAILS

STUDENT ID

TITLE MR/MRS/MISS/MS..... DATE OF BIRTH.....

SURNAME/FAMILY NAME..... FIRST NAME.....
(This should be the name you wish to appear on your examination certificate)

ADDRESS.....

..... POSTCODE.....

TELEPHONE NUMBER DAY..... TELEPHONE NUMBER EVENING.....

E-MAIL.....

NATIONALITY..... DATE OF ENTRY TO UK.....

NEXT OF KIN..... RELATIONSHIP TO STUDENT.....

CONTACT NUMBER FOR NEXT OF KIN.....

HAVE YOU PREVIOUSLY STUDIED WITH SOUTH EASTERN REGIONAL COLLEGE? Yes No

COURSE INFORMATION.

	COURSE 1	COURSE 2	COURSE 3
Course Code (i.e. 700xx code)			
Course Title			
Campus/Community Venue			
Day			
Time			
Your Start Date			
Tutor/Customer Services Signature (confirming acceptance on course)			
Receipt Number			

FEE CONCESSIONS

CATEGORIES OF FEE CONCESSIONS	COURSE TYPE	EVIDENCE REQUIRED AT ENROLMENT	CONCESSION APPLICABLE (i.e. fee reduction) Tuition fee only
CONCESSION FEE 1			
Aged 60 or over at the time of enrolment <input type="checkbox"/>	Vocational	Date of birth on enrolment form	50%
CONCESSION FEE 2			
Aged 19 or over on 1 July 2009 and in receipt of (or dependent or spouse/partner in receipt of):	Vocational	The following evidence should confirm current entitlements*:	
› Guaranteed Pension Credit <input type="checkbox"/>		Social Security Agency Letter	75%
› Rate Relief <input type="checkbox"/>		Award Letter from NIHE/Land and Property Services	75%
› Working Tax Credit <input type="checkbox"/>		HM Revenue & Customs Award Notice: Form TC602	75%
CONCESSION FEE 3			
Aged 16 or over, and in receipt of (or dependent on parent/guardian or spouse/partner in receipt of):	Vocational	The following evidence should confirm current entitlements*:	
› Income Support <input type="checkbox"/>		Social Security Agency Letter	90%
› Income-based Jobseeker's Allowance <input type="checkbox"/>		Social Security Agency Letter	90%
RIGHT TO TIME OFF WORK			
Aged 16 to 19 on 1st July, in employment and yet to gain a Level 2 vocational qualification	Vocational	Letter from current employer	100%
*Evidence must be submitted and correct at the time of enrolment.			

IMPORTANT

At enrolment you must produce documentary evidence to confirm receipt of one of these benefits in the form of a statement from your Social Security Agency, an HM Revenue and Customs Award Notice: Form TC602 or an Award letter from the NIHE/Land and Property Services. Evidence must be submitted and current at the time of enrolment, otherwise full course fees will be charged.

If your fees are being paid by your employer, you must present a letter of authorisation from your current employer at time of enrolment, otherwise you will be responsible for paying the full course fees.

Who is receiving the benefit? (Please tick)

Self Spouse Partner Parent Guardian

Name of person in receipt of benefit.....

Funding may be available to assist with course fees and other costs. See pages 6-7 of the prospectus, or website www.serc.ac.uk for further details or telephone a Student Funding Officer on the Enrolment Hotline 0845 600 7555.

LEARNING SUPPORT

If you have any reason to believe you may require additional assistance due to a health problem or disability, please tick the box.

Students/Trainees should draw any immediate difficulties to the attention of College staff immediately on joining a class. The College shall take reasonable time to consider your special requirements and will take such steps as are reasonable in facilitating these requirements.

SPECIFIC LEARNING DISABILITY (DYSLEXIA/DYSPRAXIA/ADHD/ADD) <input type="checkbox"/>	MENTAL HEALTH DIFFICULTY <input type="checkbox"/>
BLIND OR PARTIALLY SIGHTED <input type="checkbox"/>	UNSEEN/HIDDEN DISABILITY <input type="checkbox"/>
DEAF OR HARD OF HEARING <input type="checkbox"/>	TWO OR MORE OF THE ABOVE <input type="checkbox"/>
WHEELCHAIR OR MOBILITY DIFFICULTY <input type="checkbox"/>	OTHER DISABILITY, SPECIAL NEED OR MEDICAL CONDITION <input type="checkbox"/>

HOW DID YOU HEAR ABOUT THE COURSE?

HIGHER EDUCATION GUIDE BILLBOARD CAMPAIGN RADIO

FAMILY AND FRIENDS COLLEGE OPEN DAY COLLEGE WEBSITE

COLLEGE PROSPECTUS/LITERATURE

NEWSPAPER ADVERT please specify.....

QUALIFICATIONS ON ENTRY (not required for Leisure Programmes)

Please state the highest qualification you have attained, i.e. passed.

HAVE YOU ACHIEVED A MINIMUM OF GCSE GRADE C FOR THE FOLLOWING:

ENGLISH Yes No Maths Yes No IT Yes No

IF ENGLISH IS NOT YOUR FIRST LANGUAGE, DO YOU REQUIRE INFORMATION ON ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) COURSES? Yes No

MONITORING INFORMATION

GENDER: MALE FEMALE

MARITAL STATUS

SINGLE MARRIED/CO-HABITING SEPARATED/DIVORCED WIDOWED

NUMBER OF DEPENDANTS (Please enter number)

UNDER 17 YEARS OF AGE UNDER 19 IN FULL-TIME EDUCATION ADULT NO DEPENDANTS (Please tick)

EMPLOYMENT STATUS

ECONOMICALLY INACTIVE EMPLOYED FULL-TIME EMPLOYED PART-TIME UNEMPLOYED
(not in work and not looking for work)

EMPLOYMENT SECTOR

CONSTRUCTION <input type="checkbox"/>	HOTELS AND RESTAURANTS <input type="checkbox"/>	PUBLIC ADMINISTRATION AND DEFENCE <input type="checkbox"/>
FISHING <input type="checkbox"/>	HEALTH AND SOCIAL WORK <input type="checkbox"/>	TRANSPORT, STORAGE & COMMUNICATION <input type="checkbox"/>
MINING AND QUARRYING <input type="checkbox"/>	FINANCIAL INTERMEDIATION <input type="checkbox"/>	AGRICULTURE, HUNTING & FORESTRY <input type="checkbox"/>
MANUFACTURING <input type="checkbox"/>	COMMUNITY, SOCIAL & PERSONAL SERVICES <input type="checkbox"/>	ELECTRICITY, GAS & WATER SUPPLY <input type="checkbox"/>
EDUCATION <input type="checkbox"/>	REAL ESTATE, RENTING & BUSINESS <input type="checkbox"/>	WHOLESALE & RETAIL TRADE <input type="checkbox"/>

COMMUNITY BACKGROUND

CATHOLIC PROTESTANT OTHER CHRISTIAN NON CHRISTIAN NO RELIGION NOT STATED

ETHNICITY (Please tick relevant box)

WHITE BLACK CARIBBEAN BLACK AFRICAN BLACK OTHER INDIAN PAKISTANI BANGLADESHI
CHINESE OTHER INFORMATION REFUSED/NOT KNOWN IRISH TRAVELLER MIXED OTHER

STATEMENT

Are you, your spouse/partner you are dependent on, or the parent/guardian you are dependent on, in receipt of:

GUARANTEED PENSION CREDIT INCOME BASED JOB SEEKERS ALLOWANCE RATES RELIEF
INCOME SUPPORT WORKING TAX CREDIT

Who is receiving the benefit?

SELF PARENT SPOUSE GUARDIAN PARTNER SPOUSE

NAME OF PERSON IN RECEIPT OF BENEFIT.....

STUDENT STATUS

The fees for the course(s) you have applied for will be classified as either home or international fees depending on your immigration status in the UK on the start date of your course. Depending on the information you provide a fees assessment may be required and further evidence of the information you provide will be required.

Where have you been living for the last 3 years from the start date of your course? (Please tick all boxes that apply for the full 3 years)

NORTHERN IRELAND REST OF UK EEA/EU/SWITZERLAND REST OF WORLD*

*If you ticked rest of world, please can you state what your immigration status is in the UK?

- Residence Permit/Student Visa/Dependants Visa/Work Visa/Spouse Visa
- British Citizen/Asylum Seeker/Refugee/Humanitarian Protection/Discretionary Leave/Right of Abode/Indefinite Leave to remain/enter
- Other, please state

Appropriate fees must be paid accordingly. If you are unsure of the residency requirements, please refer to the criteria laid down by Department for Employment and Learning in circular FE 06/07.

FAIR PROCESSING NOTICE

The Managing Information Across Partners (MIAP) service is operated by the Learning Skills Council (LSC) and offers a Learner Registration Service to allocate Unique Learner Numbers (ULNs) which enable the individual to access a Learner Record Service. The Learner Record Service will offer the Learner the facility to access their participation and achievement data via a website and to share this with other organisations and individuals where permission is granted.

The MIAP service will allow those organisations listed on section 537A of the Education Act (www.miap.gov.uk) to use the Unique Learner Number as a key to sharing participation and achievement data in a consistent and approved manner, promoting good information management practice.

All organisations that will have access to the information you provide are registered under the Data Protection Act 1998. At no time will your personal information be passed to organisations for marketing or sales purposes.

Individuals can opt-out of sharing participation and achievement data with those organisations listed in section 537A of the education act by completing this tick box.

DATA PROTECTION

I understand the information provided by me will be handled in accordance with the Data Protection Act 1998 and may appear in Examination Certificates awarded to me. I also agree to notify the college of any changes to my personal details. The College adheres to the principles of Data Protection legislation. The College may wish to contact you for research purposes or to offer other education products.

If you have an objection to this, please tick here.

STUDENT DECLARATION

I agree to abide by the rules of the College and attend classes, tutorials, produce assignments and other work as required by the teaching staff. I have read, understood and agree to abide by the College's Acceptable Use Policy in relation to the use of the Internet through College networks. I certify that the details on this form are correct and, after noting these conditions, wish to enrol for this course. I undertake to pay all appropriate fees related to this course and understand that fees will only be refunded where a course does not run or is oversubscribed.

Signed..... Date.....

OFFICE USE

ENROLMENT METHOD IN PERSON BY POST BY TELEPHONE

FEES CONSTRUCTED BY.....

TOTAL FEE PAID..... CASH CHEQUE CREDIT CARD DEBIT CARD

FEE AMOUNT INVOICED..... INVOICED TO.....

RECEIPT NUMBER.....

CONFIRM THE FOLLOWING (IF APPROPRIATE) SPONSOR LETTER ATTACHED? DIRECT DEBIT MANDATE ATTACHED?

BENEFIT EVIDENCE SEEN BY..... DATE.....

DETAILS KEYED BY..... DATE.....

VERIFIED BY..... DATE.....

ON COMPLETION PLEASE FORWARD TO YOUR LOCAL CAMPUS:

THE ADMISSIONS OFFICE, SOUTH EASTERN REGIONAL COLLEGE, LISBURN CAMPUS, 39 CASTLE STREET, LISBURN, BT27 4SU

THE ADMISSIONS OFFICE, SOUTH EASTERN REGIONAL COLLEGE, BANGOR CAMPUS, CASTLE PARK ROAD, BANGOR, BT20 4TD

THE ADMISSIONS OFFICE, SOUTH EASTERN REGIONAL COLLEGE, NEWTOWNARDS CAMPUS, VICTORIA AVENUE, NEWTOWNARDS, BT23 7ED

THE ADMISSIONS OFFICE, SOUTH EASTERN REGIONAL COLLEGE, DOWNPATRICK CAMPUS, MARKET STREET, DOWNPATRICK, BT30 6ND