



#### 4. How did you find out about the Course/College

- 1  Prospectus      4  Direct from College      5  Careers Advisor      6  Employer  
7  Friend or relative      8  Open Day      9  College Website      12  British Council  
RS  Returning Student      98  Other ie, School, newspaper, leaflet/poster, library (please specify)

#### 5. Additional Support

(Please tick any of the boxes which are relevant. A member of the Learning Skills Team will contact you to discuss your support needs).

##### Do you consider yourself to have a learning disability?

Yes  No

- 01  Visual impairment & will need extra help  
02  Hearing impairment & will need extra help  
03  Disability affecting mobility  
04  Other physical disability & will need extra help  
06  Emotional/behavioural difficulties  
07  Mental health difficulty  
08  Temporary disability after illness (e.g post-viral or accident)  
10  Aspergers Syndrome  
05  Other medical condition which could affect my studies  
e.g epilepsy, ME, diabetes, please state:   
05a  Asthma

##### Do you consider yourself to have a learning difficulty?

Yes  No

- 01  Moderate learning difficulty  
02  Severe learning difficulty  
10  Dyslexia  
19  Other specific learning difficulty  
(eg ADHD, dyspraxia), please state below:

#### 6. Previous Education/Qualifications

Please tick the box showing your highest qualification: (please see qualifications explained on website or page 7 of our prospectus).

- 01  Level 1 (e.g. NVQ Level 1)      02  Full Level 2 (e.g. 5 GCSEs)      03  Full Level 3 (e.g. 4 A Levels)  
04  Level 4 (e.g. First Degree)      05  Level 5 (e.g. Postgraduate)      07  Other - below Level 1  
09  Entry Level      98  Not known      99  No qualifications

Did you receive additional support at school  Yes  No

If you have been in full-time education in the last three years please give the name of the school or college:

I do not give permission for the school named above to forward records of my education to date to City of Bath College

#### 7. Employment. Are you?

(Please tick one box)

- Employed (please go to section A)       Self Employed (please go to section A)       In full time Education (please go to part 2)  
 Unemployed (please go to section B)       Retired (please go to section B)       Still at School (please go to part 2)

##### Section A

###### 1. Are you? Please tick one box

- In secure employment  
 Threatened with redundancy

###### 2. Type of employer Please tick one box

- Public sector       Large Organisation (250+)  
 Small medium (1-249 employees)

###### 3. In which employment sector are you currently working? Please tick one box

- |                                              |                                                |                                                 |                                                       |
|----------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Agriculture         | <input type="checkbox"/> Bank and Business     | <input type="checkbox"/> Construction           | <input type="checkbox"/> Distribution and Hotels      |
| <input type="checkbox"/> Engineering         | <input type="checkbox"/> Food, Drink & Tobacco | <input type="checkbox"/> Manufacturing (other)  | <input type="checkbox"/> Metals & Minerals            |
| <input type="checkbox"/> Mining & related    | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Public Admin & Defence | <input type="checkbox"/> Services (other)             |
| <input type="checkbox"/> Textiles & Clothing | <input type="checkbox"/> Transport & Comms     | <input type="checkbox"/> Chemicals              | <input type="checkbox"/> Utilities (gas, water, elec) |
| <input type="checkbox"/> Other               | <input type="checkbox"/> Not known             | <input type="checkbox"/> Education              | <input type="checkbox"/> Health Services              |

##### Section B

###### If you are unemployed/retired, how long have you been unemployed/retired?

- Less than 6 months       6-11 months       12-23 months       24-35 months  
 Over 36 months       Unknown

## PART TWO

### 1. Course Details

Courses for which you are enrolling

Please note all fees are due regardless of withdrawal from the course(s)

Course Code	Course Title	Start Date	End Date	Total Cost (£)	Hours per wk	No of wks
-						
-						
-						
-						
-						

Is this your first Level 2 course?  Is this your first Level 3 course?

If you have ticked either of the above boxes, you may be entitled to tuition fee remission, please see fee section in the part-time prospectus for clarification and eligibility. If you meet the criteria, please complete additional form C01 at the end of this form or download from [www.citybathcoll.ac.uk](http://www.citybathcoll.ac.uk).

## PART THREE

### 1. Fees

If you are paying the full fee, please proceed to the next section.

If you are paying a reduced fee you will need to provide:

- letter confirming current benefits (valid within 6 months)
- additional form C01 if you are claiming remission for a full Level 2 or 3 course
- C025 - Application for a Reduction in College Fees form

### Employer

If your employer is paying your fees, please attach Authority for Invoicing Fees form C015.

### Student Loans

If your fees are being paid by Student Finance Direct, please provide a copy of the application/Student Finance Notification.

### 2. How to Pay

You can pay by cash, credit/debit card, postal order or cheque.

Cheques should be made payable to City of Bath College

#### Credit Card Authorisation

I authorise City of Bath College to charge my Access/Visa/Delta/Switch account:

Card number	<input type="text"/>
Start date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Issue number	<input type="text"/>
Amount	£ <input type="text"/>
Security code	<input type="text"/>
Postcode	<input type="text"/>
House Number	<input type="text"/>
Name on card	<input type="text"/>
Card holder's signature	<input type="text"/>

### Government Sponsored Scheme

If you are on a Government Sponsored scheme, please tick the appropriate box.

- Apprenticeship  New Deal  E2E

### Please indicate type of Managing agent

- City of Bath College  Other

## Data Protection Act 1998

The College abides by the Data Protection Act 1998. The personal information you have provided will be processed by the College for the purposes of providing educational and related services. The information may be disclosed to specific third parties, such as Learning Skills Council and examination boards if relevant.

The College's Data Protection Policy can be found at [www.citybathcoll.ac.uk/privacy](http://www.citybathcoll.ac.uk/privacy). Please note that parents have no automatic right to information about their sons/daughters but it may, in certain circumstances, be beneficial for the College to liaise with parents, provided the student is given the opportunity to object to a disclosure being made.

If you disclose a learning disability, the information will be used for the purpose of determining what adjustments, if any, are reasonable to ensure you are not put at substantial disadvantage. The information will be disclosed only to those staff that need to know in order to implement such reasonable adjustments.

## Student Declaration

I declare to the best of my knowledge that the information I have given is correct and that should my circumstances change I will inform the College immediately.

- I agree to abide by the terms and conditions of the College as set out in the College Prospectus 2009/10.
- I confirm that I have received guidance and assessment in relation to choice and suitability of the programme of study, entry requirements and support available. I am aware that I am entitled to further impartial guidance about my choice of programme of study from the College.

I understand that City of Bath College will need to process personal information about applicants/students in order to make admissions decisions and to provide education and training in accordance with the details set out above.

I confirm that all the information on this form is correct and I understand that if I have declared false information the provider may take action against me to reclaim the tuition fees and any support costs provided.

Signature of Student:  Date:

The LSC or its partners may wish to contact you from time to time about courses or learning opportunities relevant to you.

- Please tick if you do not wish the LSC to contact you for surveys and research
- Please tick if you do not wish the LSC to contact you about courses or learning opportunities

## FOR COLLEGE STAFF ONLY

Name of Lecturer initiating enrolment

Signature of Lecturer  Date

Name of data inputter  Date

Enrolment check

## Declaration of Previous Qualifications - C01

Please complete this section if you **DO NOT** have one of the following qualifications:

If planning to study a Level 2 qualification

I do **not** have:

- 5 GCSEs at grade A\* - C
- O level passes
- CSEs grade 1
- 2 AS levels
- NVQ 2
- Intermediate GNVQ or higher
- Edexcel/BTEC 1st Diploma or higher
- City and Guilds part 2

(Plus qualifications listed in the right hand column)

If planning to study a Level 3 qualification

I do **not** have:

- 4 A levels or more
- NVQ 3
- NVQ 4
- GNVQ Advanced
- Edexcel National Diploma or higher
- Access to Higher Education course
- HND/HND
- First degree/Higher degree

I can confirm that all the information given on the Learning Agreement that I have completed is correct and I declare that I do not already have a **full Level 2/3\*** qualification. If I have declared false information the College may take action against me to reclaim the tuition fees and any support costs provided.

*\* delete as appropriate*

Signed  Date

Name

For office use only

Signature on behalf of the Tutor

College stamp