

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 disability (L15)?

No Yes If Yes, please specify below

- 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 (L16)?

No Yes If Yes, please specify below

- 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 & above or 2 AS/A2s)
03 Full Level 3 (e.g. 4 AS/A2s)
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

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) (See terms and conditions of enrolment)**

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

If you are aged 19 or above, please complete the following questions:

Do you already have a full Level 2 qualification Yes No

Do you already have a full Level 3 qualification Yes No

If you have answered No to either of these questions, you may be entitled to free tuition (examination and registration fees still apply), please see the fee section in the Pat-Time Prospectus for clarification and eligibility. If you meet the criteria, please complete the additional form C01 at the end of this form.

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 final 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"/> MM <input type="text"/> YY
Expiry date	<input type="text"/> MM <input type="text"/> YY
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

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 the Learning Partnership West and examination boards if relevant.

The College's Data Protection Policy and Data Sharing Declaration can be found at 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 2010/11.
- 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 YPLA, Skills Funding Agency or its partners may wish to contact you from time to time about courses or learning opportunities relevant to you. The data you supply will be used by the Skills Funding Agency to issue you with a Unique Learner Number (ULN) and share information about your learning. Further details of how your data is processed and shared can be found at www.miap.gov.uk.

- Please tick if you do not wish to be contacted for surveys and research
- Please tick if you do not wish to be contacted about courses or learning opportunities
- Please tick if you do not wish to share your data with MIAP

FOR COLLEGE STAFF ONLY

Name of Lecturer initiating enrolment

Signature of Lecturer Date:

Signature of data inputter Date:

Enrolment check

Declaration of Previous Qualifications - C01

I am aged 19 and over and studying my first full Level 2 qualification and I declare I do not have one of the following qualifications listed below:

- 5 GCSEs at grade A* - C
- O level passes
- CSEs grade 1
- 2 AS/A2 levels
- NVQ 2
- Intermediate GNVQ or higher
- Edexcel/BTEC 1st Diploma or higher
- City and Guilds part 2
- NVQ 3
- NVQ 4
- GNVQ Advanced
- Edexcel National Diploma or higher
- Access to Higher Education course
- HND/HND
- First degree/Higher degree

Name Signed: Date:

I am aged 19-24 (inclusive) and studying my first full Level 3 qualification and I declare I do not have one of the following qualifications listed below:

- 4 AS/A2 levels
- NVQ 3
- NVQ 4
- GNVQ Advanced
- Edexcel National Diploma or higher
- Access to Higher Education course
- HND/HND
- First degree/Higher degree

Name Signed: Date:

FOR OFFICE USE ONLY

Signature on behalf of the Tutor

Date

College stamp