TRURO COLLEGE 2010 / 2011
ENROLMENT FORM

TRURO COLLEGE PART-TIME COURSES, COLLEGE ROAD, TRURO, CORNWALL TR1 3XX TO ENROL BY PHONE CALL: 01872 265800

Name: Mr / Mrs / Miss / Ms Full name: _____

Address: _____ Telephone Day: _____

_____ Telephone Eve: _____

Postcode: _____ Date of Birth: _____ Email Address: _____

Course No.	Course Title	Fee
Please make cheques payable to Truro and Penwith College		Total:

Please tick here if you would like an acknowledgement sent to you ☐

Fee Remission
If you are claiming a reduced fee, please tick the appropriate area below, you will need to provide evidence of this entitlement at the time of enrolment. *Contact Nanette Wherry for guidance

- Job seekers allowance ☐
- Income based state benefit ☐
- House / council tax benefit ☐
- Working tax credit* ☐
- Pensions credit (guarantee)* ☐
- Unwaged dependant (of above categories) ☐
- Skills for Life courses (not ESOL) ☐
- Over 19 and first level 2 qualification* ☐
- 19 - 25 Level 3 entitlement* ☐
- 16 and under 19 yrs old at 31 August 2010 ☐

Additional Support Needs
Do you consider yourself to have a learning difficulty or disability?

Yes: ☐ No: ☐

If yes, please enter the appropriate number, from the list on the facing page, which best describes your situation.

Code number: _____

If yes, do you require advice about available additional support?

Yes: ☐ No: ☐

Residency
Are you ordinarily resident in the UK? Yes: ☐ No: ☐

If no, in which country do you normally live (Country of domicile):

_____

Ethnic Origin I consider my origin to be:

- Asian or Asian British - Bangladeshi ☐
- Asian or Asian British - Indian ☐
- Asian or Asian British - Pakistani ☐
- Asian or Asian British - any other Asian background ☐
- Black or Black British - African ☐
- Black or Black British - Caribbean ☐
- Black or Black British - any other Black background ☐
- Chinese ☐
- Mixed - White and Asian ☐
- Mixed - White and Black African ☐
- Mixed - White and Black Caribbean ☐
- Mixed - and any other mixed background ☐
- White - British ☐
- White - Irish ☐
- White - any other White background ☐
- Any other ☐
- Not known/not provided ☐

Payment by Credit Card (min £20) Visa MasterCard Visa Delta Maestro Solo CNP (please circle as appropriate)

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Issue number: _____

Cardholder's name and initials: _____ Statement Address Postcode: _____

Card valid from (date): _____ 'expires end' (date): _____ Security Code: ☐☐☐

THE REVERSE OF THIS FORM MUST BE COMPLETED AND SIGNED IN ORDER FOR THE ENROLMENT TO BE PROCESSED

Level of Existing Qualification (Please tick any of the following boxes that list the qualifications you hold)

Lower than Level 2 (No qualifications/Other lower) ☐

Level 2 (5 GCSE's A* - C / 5 O-level passes / 5 CSE Grade 1 / 2 AS's or more / 1 A level or more / NVQ 2 / BTEC 1st Diploma / C&G Crafts Pt2) / Apprenticeship ☐

Level 3 (NVQ 3 / Int GNVQ or higher / Access to HE) / Advanced Apprenticeship ☐

Level 4 (NVQ 4 / HND / HNC / First or Higher Degree) ☐

ESF and Employment Data Completion of this data allows European Social Fund money to be spent for the benefit of Cornwall

Employment Status: Please tick appropriate boxes

* Note: If you work for less than 16hrs/wk this counts as Unemployment for this purpose

Employed ☐

Full-time Education ☐

Self Employed ☐

Unemployed* ☐

Economically Inactive ☐

14 - 19 not in employment, education and training ☐

If Unemployed: How long have you been unemployed?

Less than 6 months ☐

6 to 11 months ☐

12 to 23 months ☐

24 to 35 months ☐

over 36 months ☐

If Employed: Do you work in:

The Public Sector ☐

Large organisation (250 or more employees) ☐

Micro SME (1-9 employees) ☐

Small (10-49 employees) ☐

Medium SME (50 - 249 employees) ☐

If Employed:

Employer Name: _____

Employer Postcode: _____

Nature of employers business: _____

Short description of your job: _____

Is the course relevant to your employment? Yes / No*

Has your employer released you from work in order to attend this course? Yes / No*

If your employer is paying your fees: Are you paying and claiming the fees back from your employer? Yes / No*

If NO please complete the invoicing details below:

Company Name: _____

Company Address: _____

_____

FAO: _____

(*Please delete as applicable)

I am aware that this College provides courses that are directly or indirectly part-financed by the European Union through the European Social Fund - helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources.

convergence for economic transformation

European Union
European Social Fund
Investing in jobs and skills

The information you provide will be passed to the Skills Funding and Young People's Learning Agencies (The Agencies). For further information please refer to the Important Enrolment Guidance on page 32.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the Learning and Skills Council and its partners to monitor performance, improve quality and plan future provision.

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

☐ The Agencies 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 about the use and access to your information is available at: YPLA: http://www.ypla.gov.uk/foi.htm
Skills Funding Agency: http://skillsfundingagency.bis.gov.uk/foi.htm

We need to hold accurate and up-to-date information on College users. It is held securely and only shared with those who absolutely need to know. When we no longer have a need for the information, it is confidentially destroyed. We use it for checking eligibility and fitness for course places at Truro and Penwith College and for managing the responsibilities of the College. I accept that the College needs to hold and use information in accordance with the Data protection Act and I agree to abide by the College's Code of Conduct.

I confirm that the information I have given on this form is correct.
A cancellation can only be made in writing or by email at least 7 days before the start of the course. If a course does not start or closes after one session then a full refund will be made. Any other refund request must be made in writing to the Principal and would normally only be considered on grounds of ill health (a medical certificate is required).

Signed (Student) _____ Date _____

Signed (College Representative) _____ Date _____