

**9. PAYMENT SECTION** (All applicants complete sections below)

Cash £  Cheque £  Switch £   
 Invoice £  Credit Card £  Direct Debit £  TOTAL AMOUNT £

**INVOICE DETAILS**

Name of employer/sponsor responsible for paying your fees (a letter from your employer/sponsor must be provided):

NB. Your fees are not deemed paid until a responsible organisation provides payment/a letter of acceptance or authority

**10. STUDENT DECLARATION**

I understand that I may cease to be a student of the College if I have an absence without explanation for more than four consecutive weeks. By signing this form I agree to comply with all College regulations. I also declare that all information provided on this form is correct and I undertake to pay full tuition and other fees due to the College in relation to this enrolment(s)

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**11. LECTURER / MIS SIGNATURE**

I certify that the above student is suitable for the above course(s).

\_\_\_\_\_  
 Lecturer Signature or Admin / MIS Signature Date: \_\_\_\_\_

Completed enrolment forms should be returned to the appropriate South West College campus:

South West College Admissions Office Cookstown Campus Burn Road Cookstown Co. Tyrone BT80 8DN  Tel: 0845 603 1881 Textphone: 028 8772 0625	South West College Admissions Office Dungannon Campus Circular Road Dungannon Co. Tyrone BT71 6BQ  Tel: 0845 603 1881 Textphone: 028 8772 0625	South West College Admissions Office Enniskillen Campus Fairview 1 Dublin Road Enniskillen Co. Fermanagh BT74 6AE  Tel: 0845 603 1881 Textphone: 028 6631 2278	South West College Admissions Office Omagh Campus 2 Mountjoy Road Omagh Co. Tyrone BT79 7AH  Tel: 0845 603 1881 Textphone: 028 8225 5237
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THIS DOCUMENT CAN BE MADE AVAILABLE UPON REQUEST IN ALTERNATIVE FORMATS FOR THOSE UNABLE TO ACCESS INFORMATION IN THE STANDARD FORMAT

**CREDIT CARD DETAILS** Visa  Mastercard  Other  Amount £

Account Card No.   
 Expiry Date  /  Issue No.

For security purposes - please enter the last 3 digits on the back of the card (situated on the signature strip)   
 Name and Address of card holder (if different from applicant) \_\_\_\_\_

I CERTIFY THAT FOR ALL CREDIT CARD PAYMENTS, SOUTH WEST COLLEGE MAY DEBIT THE ABOVE MENTIONED CARD FOR THE TOTAL FEE

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**ENROLMENT FORM 2009|2010**

**OFFICE USE ONLY:**  
 Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Receipt No: \_\_\_\_\_  
 Keyed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student ID:

**EQUAL OPPORTUNITIES STATEMENT:** The College is committed to a policy of equal opportunities and welcomes applications regardless of community background, gender, race, colour, ethnic origin or disability.

**DATA PROTECTION:** I declare that the information I have provided is correct. I am aware that the College reserves the right to withdraw or cancel any course at any time and shall have no claim against the College in such event except for repayment of fees paid. 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.

**FAIR PROCESSING NOTICE:** The College may wish to contact you for research purposes or to offer other education products. Also, in order to streamline and simplify how information on learning and achievement is collected, handled and shared by the College we will be utilising the Managing Information Across Partners (MIAP) Services operated by the Learning Skills Council. At no time will your personal information be passed on to organisations for marketing or sales purposes. For further information please go to <http://www.miap.gov.uk/about> and/or <http://www.swc.ac.uk>. If you have an objection to this, please tick here.

**1. PERSONAL DETAILS SECTION**

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Previous Name: \_\_\_\_\_

Date of Birth:         Title: Mr / Mrs / Miss / Ms / Dr \_\_\_\_\_ Gender: M  F

Address: \_\_\_\_\_  
 (Correspondence will go to this address)

Postcode:       Email: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home No: \_\_\_\_\_ Work No: \_\_\_\_\_

**NEXT OF KIN (IN CASE OF EMERGENCY)**

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
 (if different from above)

Postcode:

Mobile No: \_\_\_\_\_ Home No: \_\_\_\_\_ Work No: \_\_\_\_\_

**2. HOW DID YOU FIND OUT ABOUT THE COURSE? PLEASE TICK  ONE OF THE FOLLOWING BOXES**

Family / Friend <input type="checkbox"/>	Out Reach Centres <input type="checkbox"/>	College Staff <input type="checkbox"/>	Careers Advice <input type="checkbox"/>
College Info Session <input type="checkbox"/>	From Previous Attendance <input type="checkbox"/>	Employer <input type="checkbox"/>	Brochure Distribution <input type="checkbox"/>
Website <input type="checkbox"/>	Newspaper Advertisement <input type="checkbox"/>	Local Radio <input type="checkbox"/>	Other <input type="checkbox"/>

**3. NAME OF CURRENT OR PREVIOUS SCHOOL OR COLLEGE: (FOR FULL-TIME, LINKS STUDENTS AND TRAINEES)**

School/College: \_\_\_\_\_ Town: \_\_\_\_\_

**4. LEARNING SUPPORT**

The College welcomes applications from people with learning difficulties and/or disabilities. The definition of a disability in the Disability Discrimination Act 1995 is: 'A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.'

**DO YOU THINK THAT YOU MEET THIS DEFINITION OF DISABILITY?**  Yes  No  If Yes, please complete below. If No, go to section 5. **OFFICE USE ONLY:** Copy to Learning Support:  Date: \_\_\_\_\_

Specific Learning Disability (e.g. dyslexia) 01 <input type="checkbox"/>	Wheelchair / Mobility Difficulty 04 <input type="checkbox"/>	Unseen / Hidden Disability (e.g. diabetes, epilepsy) 07 <input type="checkbox"/>
Blind / Partially Sighted 02 <input type="checkbox"/>	Autistic Spectrum Disorder / Asperger's Syndrome 05 <input type="checkbox"/>	Two or more of the above 08 <input type="checkbox"/>
Deaf / Hard of Hearing 03 <input type="checkbox"/>	Mental Health Difficulty 06 <input type="checkbox"/>	Other Disability, Special Need or Medical Condition 09 <input type="checkbox"/>

**DO YOU REQUIRE ADDITIONAL LEARNING SUPPORT BECAUSE OF A DISABILITY AND/OR LEARNING DIFFICULTY?** Yes  No   
 (if you tick 'yes' we will contact you to discuss your support requirements. Any information that you provide will be kept private and will not be passed to anyone without your consent.)

## 5. MONITORING INFORMATION

The following information is requested by the Department for Employment and Learning to assist in Equal Opportunities Monitoring, and the compliance with Section 75 of the Northern Ireland Act 1988. **IT IS THEREFORE IMPORTANT YOU TICK  ONE BOX IN EACH OF THE FOLLOWING SECTIONS.** This information will be treated in the strictest confidence and in accordance with the Data Protection Act 1998.

**NATIONALITY:** \*\*\* PLEASE TICK  ONE OF THE FOLLOWING BOXES \*\*\*

Irish 099  British 399  Czech 639  Hungarian 670  Polish 727   
 Nigerian 676  Portuguese 728  Latvian 772  Lithuanian 833  Slovakian 850   
 Other (please specify) \_\_\_\_\_

**NUMBER OF DEPENDENTS:** Do you look after or give help or support to:

a Child (i.e. those under 16 or 18 if in full-time education)  Enter Number an Adult (e.g. elderly relatives)  Enter Number

**MARITAL STATUS:** \*\*\* PLEASE TICK  ONE OF THE FOLLOWING BOXES \*\*\* Other (please specify) \_\_\_\_\_

Single 01  Married/Co-Habiting/Civil Partnership 02  Separated/Divorced 03  Widowed 04

**SEXUAL ORIENTATION:** My sexual orientation is towards someone of:

The same sex  A different sex  Both  I do not wish to answer this question

**COMMUNITY BACKGROUND:** \*\*\* PLEASE TICK  ONE OF THE FOLLOWING BOXES \*\*\*

Roman Catholic 1  Protestant 2  Other Christian 3  Non Christian 4  No Religion 5  Not Stated 6

**ETHNIC ORIGIN:** \*\*\* PLEASE TICK  ONE OF THE FOLLOWING BOXES \*\*\*

White 01  Black Other 04  Bangladeshi 07  Information Refused/Not Known 10   
 Black Caribbean 02  Indian 05  Chinese 08  Irish Traveller 11   
 Black African 03  Pakistani 06  Other 09  Mixed Other 12

**EMPLOYMENT SECTOR:** \*\*\* PLEASE TICK  ONE OF THE FOLLOWING BOXES \*\*\*

Agriculture, Hunting & Forestry 20  Wholesale 26  Education 32   
 Fishing 21  Hotels & Restaurants 27  Health & Social Work 33   
 Mining & Quarrying 22  Transport, Storage & Communication 28  Community, Social & Personnel Services 34   
 Manufacturing 23  Financial Intermediation 29  Not Applicable   
 Electricity, Gas & Water Supply 24  Real Estate, Renting & Business 30   
 Construction 25  Public Administration & Defence 31

**EMPLOYMENT STATUS:** \*\*\* PLEASE TICK  ONE OF THE FOLLOWING BOXES \*\*\*

Employed Full-Time 5  Employed Part-Time 6  Unemployed 9  Economically Inactive 14   
(not in work and not looking for work)

## 6. QUALIFICATIONS

**QUALIFICATIONS ON ENTRY:** \*\*\* Please tick  (one box only) for the highest level of qualification you have attained to date\*\*\*

Degree Level or above 1  GCSE Grade D-G 4  RSA/OCR 7  Professional Bodies A   
 GCE/A/AS/A2 Levels Grade (A-E) 2  BTEC 5  LCCI 8  Other Qualifications B   
 GCSE Grade A-C 3  City & Guilds 6  CPVE 9  No Formal Qualifications C

**QUALIFICATIONS LEVEL ON ENTRY:** \*\*\* Please tick  (one box only) for the highest level of qualification you have attained to date\*\*\*

No Level  Level 1  Level 2  Level 3  Level 4  Level 5

**ACTUAL GRADES ACHIEVED IN:** (FOR FULL-TIME STUDENTS AND TRAINEES) **OFFICE USE ONLY:**

GCSE English Language  GCSE Maths  GCSE I.T.  Grades Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
 FESR Keyed by: \_\_\_\_\_ Date: \_\_\_\_\_

## 7. YOUR FINANCE DETAILS

**ARE YOU, YOUR SPOUSE /PARTNER OR ANY OF YOUR PARENTS (IF YOU ARE UNDER 19) IN RECEIPT OF THE FOLLOWING BENEFITS?**

Working Tax Credit  (Threshold less than £15,276) Income Support  Income-Based Jobseekers Allowance   
 Guaranteed Pensions Credit  Housing Benefit (Rent Rebate) or Rate Relief   
 Name of person receiving benefit \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 National Insurance Number or Housing Benefit Reference Number of person receiving benefit \_\_\_\_\_  
**ARE YOU A FULL-TIME SOUTH WEST COLLEGE STUDENT?** Yes  No

**Evidence Required for Reduced Fees**  
 If paying a reduced fee, you must ensure you tick the reason you qualify for the reduced fee above and ensure necessary evidence is provided.

Benefit Entitlement	Evidence Required	OFFICE USE ONLY		Benefit Office Stamp:
		SEEN	ATTACHED	
Income Support, Income Based Jobseekers Allowance & Guaranteed Pensions Credit	Copy of SSA Letter or College form stamped by SSA Office			
Working Tax Credit	NHS Tax Credit Exemption Certificate or Copy of form TC602 (total income on page 2 must be below qualifying threshold of £15,276)			
Housing Benefit (Rent Rebate) or Rate Relief	Award letter from either the Northern Ireland Housing Executive or Land & Property Services			
Full-Time South West College Student	Proof of Enrolment			

**If evidence is not attached your benefit office must complete below and stamp the form in the space provided.**  
**I confirm that the above named person is in receipt of** \_\_\_\_\_  
 Local SSA: \_\_\_\_\_ Signed: \_\_\_\_\_

## 8. COURSE INFORMATION

COURSE CODE	COURSE TITLE (PLEASE SPECIFY OUT-CENTRE & TUTOR WHERE APPLICABLE)	DAY	TIME	STUDENT START DATE	TUITION FEE	EXAM FEE	TOTAL FEE

Please turn overleaf to complete payment details and to sign the form



# FREE ENROLMENT HOTLINE NUMBER

## 0800 032 7890

## (1800 481 046 from R.O.I.)

From 15/06/09 - 30/09/09

### www.swc.ac.uk