

## 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 SIGNATURE

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

Lecturer Signature: \_\_\_\_\_

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

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Find out more about the opportunities available at South West College



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[twitter.com/swccollege](http://twitter.com/swccollege)



**South West  
College**

# where is life taking you?

visit [www.swc.ac.uk](http://www.swc.ac.uk) to explore your options.



## enrolment form 2011/2012

If you require help in completing this form please ask a staff member to assist you

**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 educational 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.

OFFICE USE ONLY:

Keyed by: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt No: \_\_\_\_\_

ID Verification Type : \_\_\_\_\_ Date: \_\_\_\_\_

Student ID:

## 1. COURSE INFORMATION

Course code	Course Title (Please specify out-centre & tutor where applicable)	Day	Time	Student Start Date	Total Fee

## 2. PERSONAL DETAILS SECTION

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

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

ULN Number: \_\_\_\_\_ EMA Ref No: \_\_\_\_\_ Other (please specify) \_\_\_\_\_

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: \_\_\_\_\_

**3. MARKETING INFORMATION:** In order for us to review and monitor the success of our marketing material please complete the following.

I found out about this course(s) from the following source:

Brochure distribution  Careers Talk from College staff  Open Day  Family/ Friends  Employer

College Newsletter  Press/radio advertising  Website  Social Networking:

Please indicate whether your details can be used for publicity purposes. Yes  No

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

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

**EXISTING SWC STUDENT** from the list below, please identify if you have attended the college in the past 3 years (tick as appropriate)

Cookstown Campus  Dungannon Campus  Enniskillen Campus  Omagh Campus

## 5. 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?

OFFICE USE ONLY:  
Learning support: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  (if Yes, please complete below) No  (If No, go to section 6)

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.)

## 6. 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 box)

Irish 676 <input type="checkbox"/>	British 399 <input type="checkbox"/>	Czech 639 <input type="checkbox"/>	Hungarian 670 <input type="checkbox"/>	Polish 727 <input type="checkbox"/>
Nigerian 717 <input type="checkbox"/>	Portuguese 728 <input type="checkbox"/>	Latvian 772 <input type="checkbox"/>	Lithuanian 833 <input type="checkbox"/>	Slovakian 850 <input type="checkbox"/>

Other (please specify) \_\_\_\_\_

**Number of Dependents:** Do you look after or give help or support to:

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

**Marital Status:** (please tick one box)

Single 01  Married/Co-Habiting/Civil Partnership 02  Separated/Divorced 03  Widowed 04   
Other (please specify) \_\_\_\_\_

**Community Background:** (please tick one box)

Roman catholic 1  Protestant 2  Other Christian 3  Non Christian 4  No Religion 5  Not stated 6

**Ethnic Origin:** (please tick one box)

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

**Employment sector:** (please tick one box)

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

**Employment Status:** (please tick one box)

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

**Sexual Orientation:** My sexual orientation is towards someone of:

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

## 7. QUALIFICATIONS

**Qualifications Level on Entry:** (please tick one box)

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

**Qualifications on Entry:** (please tick one box only for the highest level of qualification you have attained to date)

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

**Actual Grades Achieved in:** (FOR FULL-TIME STUDENTS AND TRAINEES)

GCSE English Language  GCSE Maths  GCSE I.T.  Office Use Only: FESR Keyed by: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. YOUR FINANCE DETAILS

**Fee Details:** (please tick who will pay your fees)

Employer  Self  Grant / Bursary

If employer is paying please give details and attach an Employer Consent Form (Available from the Admissions Office)

**Fee Category:**

Courses costing more than £150 may be paid in instalments. A Direct Debit Form must be completed at enrolment. Reduced fees apply to the following groups ONLY. If you qualify for reduced fees, you MUST provide valid documentary evidence. Failure to do so will result in full fees being payable and/or a delay in processing your enrolment.

**Are you, your spouse/partner or any of your parents (if you are under 19 and in receipt of any of the following benefits):** 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. (please tick one box)

Benefit Entitlement	Evidence Required
Income Support <input type="checkbox"/>	Copy of SSA letter of current entitlement
Income Based Jobseekers Allowance <input type="checkbox"/>	Copy of SSA letter of current entitlement
Working Tax Credit <input type="checkbox"/>	Inland Revenue Tax Credit notice NHS Exemption (income below £15,420pa)
Pensions Credit <input type="checkbox"/>	Documentary evidence
Rates Relief <input type="checkbox"/>	Notification letter
Means Tested ESA <input type="checkbox"/>	Documentary evidence
Full Time Student <input type="checkbox"/>	Student card, letter of confirmation



## 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

## ADDITIONAL PAYMENT INFORMATION

**If this section is required it will be destroyed immediately after the data has been input.**

**Type of card:** Visa  Mastercard  Other  Amount £

Card Holders Name as it appears on the card \_\_\_\_\_

Start Date / /  Issue No.  Expiry Date / /  Security Code    (for security purposes – the last 3 digits on the back of the card – situated on the signature strip)

Account Card No.

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: \_\_\_\_\_