

enrolment form 2017/2018

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

OFFICE USE ONLY:

Keyed by: _____ Date: _____

ID Verification Type : _____ Date: _____

 Student ID:

1. COURSE DETAILS

Course Code:	Tuition Fee:
Course Title:	

2. PERSONAL DETAILS SECTION NB: ALL SECTIONS MUST BE COMPLETED TO VALIDATE ENROLMENT.

Surname:	Forename(s):	Title:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Permanent Address prior to enrolment <i>(Note all correspondence will go to this address):</i>		Date Of Birth:	
		Home Contact No:	
		Mobile Contact No:	
Email Address:	EMA Ref No:		
Postcode:	Unique Learner Number (ULN):		

Next of Kin Details (In case of emergency)

Name:	
Address <i>(if different from above):</i>	Relationship to Student:
	Contact No (Day):
	Mobile No: <i>(In case of emergency)</i>
Postcode:	

3. NAME OF CURRENT OR PREVIOUS SCHOOL OR COLLEGE: (For Full-Time, Entitlement Framework Students and Trainees)

School/College: _____ Location: _____

EXISTING SWC STUDENT Please identify if you have attended the college in the past 3 years (tick as appropriate)

 Cookstown Campus Dungannon Campus Enniskillen Campus Omagh Campus

 Technology & Skills Centre, Enniskillen Strabane Office

4. STUDENT STATUS / RESIDENCY

The fees for the course(s) will be classified as either home or international fees depending on your status on the start date of your course. Based on the information you provide, a fees assessment may be required and further evidence may be requested.

RESIDENCY: EU/EEA/Switzerland* Non-EU (Non-EU students must contact the supervisor on duty to discuss fees payable)

*European Union (EU) & European Economic Area (EEA) Member States

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Rep
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Liechtenstein
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland

Have you lived in the EU/EEA/Switzerland continuously over the last 3 years? Yes No (If NO, please complete)

Date of entry into the UK: / / Are you on a time limited visa? Yes No Visa Exp. Date: / /

Passport Number: Passport Expiry Date: / /

Immigration Status

Have you been identified under the 'Vulnerable Persons Relocation Scheme' (VPRS) as:

a) Asylum Seeker b) Refugee

Do you hold an Application Registration Card (ARC) YES NO

If yes, please provide details _____

Do you hold a biometric residence permit YES NO

If yes, please provide details _____

LEARNING SUPPORT & MONITORING INFORMATION

The College welcomes applications from people with learning difficulties and/or disabilities. The following information (except for Employment Sector and First Language) is required by the Department for the Economy to assist in Equal Opportunities Monitoring, and the compliance with Section 75 of the Northern Ireland Act 1998. It is important therefore that you tick one box in each of the following sections. Where the information is not pre-printed, please tick the most appropriate box. This information will be treated in the strictest confidence and in accordance with the Data Protection Act 1998

5. LEARNING SUPPORT

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

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

If Yes, please state type of impairment which applies to you. People may experience more than one type of impairment in which case you may indicate more than one. (Tick all that apply)

- | | | | | | |
|--|-----------------------------|--|-----------------------------|--|-----------------------------|
| Specific Learning Disability
(e.g. dyslexia/dysgraphia) | 01 <input type="checkbox"/> | Mobility Difficulty | 04 <input type="checkbox"/> | Unseen Disability
(e.g. diabetes, epilepsy) | 07 <input type="checkbox"/> |
| Blind or partially sighted | 02 <input type="checkbox"/> | Autistic Spectrum Disorder/
Asperger's Syndrome | 05 <input type="checkbox"/> | | |
| Deaf or Hard of Hearing | 03 <input type="checkbox"/> | Mental Health Condition | 06 <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

Country of Birth: What is the country of your birth?

(please write in the current name of country e.g. Northern Ireland, Republic of Ireland, Scotland) _____

Dependents: Do you have personal responsibility for the care of (tick each box which applies for your circumstances):

a. Care of a Child or Children Person(s) with a disability Dependent Adult(s) None of these
(i.e. those under 16 or 18 if in full-time education)

Marital Status: Are you...? (Please tick one box)

Single 01 Married 02 Separated 03 Widowed / Surviving Partner 04 Divorced / Dissolved 05 In a Civil Partnership 06

Community Background: What religion / religious denomination or body were you brought up in?

Roman Catholic 1 Protestant 2 Other Christian 3 Non Christian 4 No Religion 5

Ethnic Origin: To which of these ethnic groups do you consider you belong? (Please select the option that is most appropriate to you.)

White 01 Black African 03 Indian 05 Bangladeshi 07 Irish Traveller 11 Any other Ethnic Group 98
 Black Caribbean 02 Black Other 04 Pakistani 06 Chinese 08 Mixed Ethnic Group 12

Employment sector: (Please tick one box)

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

Employment Status: What is your main employment status? (Please tick one box)

Employed Full-Time 5 (30hrs or more per week) Employed Part-Time 6 (less than 30hrs per week) Self Employed 7 Unemployed 9 Economically Inactive 14 (not in work and not looking for work)

First Language: What is your first spoken language?

English 01 Other (please specify including British/Irish Sign Language)

Religious Belief: What religion, religious denomination or body do you belong to?

Roman Catholic 05 Methodist 08 Hindu 10 Sikh 13
 Presbyterian Church in Ireland 06 Other Christian 09 Jewish 11 None 01
 Church of Ireland 07 Buddhist 02 Muslim 12 Other religion 80

Sexual Orientation: Which of the following best describes how you think of yourself?

Bisexual 01 Gay 02 Lesbian 03 Heterosexual / Straight 04 Prefer not to say 99

Political Opinion: What is your current political opinion?

Nationalist 01 Unionist 02 Other 80 Prefer not to say 98 None

7. QUALIFICATIONS ON ENTRY

Please indicate the highest qualification you currently hold. If your highest qualification is in column "A", please tick the appropriate option, if it is in column "B" please record the associated level and if it is in column "C" please record how many you hold.

Column A Description	Tick	Column B Description	Write Level	Column C Description	Write Number of
PhD		Diploma (QCF or equivalent)		A Level	
Masters		Certificate (QCF or equivalent)		Higher Leaving Cert (Level 5)	
Postgraduate, PGCE		Award (QCF or equivalent)		AS Level	
Undergraduate Degree		National Vocational Qualification (NVQ)		GCSE A*-C	
Foundation Degree/DipHE		ESOL skills for life, Essential/Basic/Key Skills		Ordinary Leaving Cert (Level 4)	
HND, HNC				GCSE D-G	
Access to HE				Junior Cert	
No formal qualification					

GCSE grades or equivalent for Rol results

Subject	Grades A-C	Grades D-G	Year
GCSE English			
GCSE Maths			
GCSE ICT			

Essential Skills Level

Subject	Level	Year
Literacy		
Numeracy		
ICT		

OFFICE USE ONLY: Grades Verified by: _____ Date: _____
 FESR Keyed by: _____ Date: _____

8. SAFEGUARDING CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS:

South West College believes that children/young people and vulnerable adults have rights as individuals and should be treated with dignity and respect. The College will strive to provide a safe environment for any children/young people and vulnerable adults in its care while they are studying at the College, visiting the College or participating in College activities.

Have you ever been convicted of/received a caution for:

A criminal offence

Yes No

Failing to complete this section or providing misleading or false information may lead to your application/enrolment being withdrawn. Ticking 'Yes' will result in a follow up meeting in order to obtain further details.

OFFICE USE ONLY:

Safeguarding Officer: _____

Date: _____

9. CARE BACKGROUND

Are you in care or have been in care? In care is to mean either fostering, adopted, care home or other supported residential care. Yes No

OFFICE USE ONLY:

Student Support Officer: _____

Date: _____

10. MARKETING INFORMATION: Please indicate how you found out about this course(s). Tick all that apply.

CAREERS GUIDANCE

School/careers teacher CAGO1

DfE Careers Service adviser CAGO2

College careers service/tutor CAGO3

ADVERTISING

Newspaper Advertisement ADV01

TV Advertisement ADV02

Radio Advertisement ADV03

Billboards/Buses/
Bus Shelters Advertisement ADV04

TV/Radio interview
or newspaper article ADV05

WEB/Digital

NIDIRECT WEB01

College website WEB02

Social media
(Facebook/twitter) WEB03

COLLEGE

College information day COLO1

College literature/prospectus COLO2

OTHER

Word of mouth
(friend, parent etc.) OTH01

Employer OTH02

Jobs and Benefits office OTH03

Other OTH04

EQUAL OPPORTUNITIES STATEMENT: The College is committed to a policy of equal opportunities and welcomes applications regardless of community background/religious belief, gender, age, racial/ethnic group, political opinion, marital status, sexual orientation, dependant responsibility or disability.

DATA PROTECTION: All student information is covered by the Data Protection Act (1998). The College will collect and process the data about you in compliance with this legislation and you will be entitled to access the data held about you. The College may wish to contact you for research purposes or to offer other educational products. At no time will your personal information be passed on to organisations for marketing or sales purposes. The College reserves the right to use promotional photography and information for publicity purposes unless otherwise notified.

PRIVACY NOTICE: The information you supply will be used by the Skills Funding Agency, an executive agency of the Department for Education (Dfe), to issue you with a Unique Learner Number (ULN), and to create your Personal Learner Record. For more information about how your information is processed and shared refer to the Extended Privacy Notice available on <https://www.gov.uk/topic/further-education-skills/learning-records-service>

11. STUDENT DECLARATION

1. 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.
2. By signing this form I agree to comply with all College policies and regulations.
3. I undertake to pay full tuition and other fees due to the College in relation to this enrolment(s).
4. I understand the information provided by me will be handled in accordance with the Data Protection Act for the management of the College, and may also appear on examination certificates awarded to me.
5. I understand that the information supplied is forwarded to the Department for the Economy, partners including Universities and Awarding Bodies, or other government agencies and agents appointed by them for Statistical, research and funding purposes and/or other legitimate business purposes (including the prevention of fraud).
6. I understand that I must disclose unspent criminal convictions and on certain courses spent convictions, through the College's Criminal Convictions Disclosure Forms which can be obtained from the website, my local Campus Student Services, or by telephoning 0845 603 1881 (ask to speak to a member of the Student Services team). I understand that once I complete a CRIMINAL CONVICTIONS DECLARATION FORM, I cannot enrol on a programme of study until the appropriate risk assessments have been conducted by the College's Designated Safeguarding Team and the explicit written consent of the College's Designated Safeguarding Manager in support of my enrolment onto the specific programme of study is obtained. I understand that if I obtain a criminal conviction whilst studying at the College I must disclose this through the same process.
7. I declare that the information I have provided on this form is correct and I agree to inform the College of any changes to this information.

Student Signature: _____ Print Name: _____ Date: _____

12. COLLEGE SIGNATURE

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

Lecturer / Admissions Signature: _____

THIS DOCUMENT CAN BE MADE AVAILABLE UPON REQUEST IN ALTERNATIVE FORMATS FOR THOSE UNABLE TO ACCESS INFORMATION IN THE STANDARD FORMAT

If you require further information or would like a copy of this form in a different format please contact Student Services at our nearest Campus Tel: 0845 603 1881 or email: enquiries@swc.ac.uk
Completed enrolment forms should be returned to the appropriate campus detailed below:

South West College
Admissions Office
Cookstown Campus
Burn Road, Cookstown
Co. Tyrone BT80 8DN
Tel: 0845 603 1881

South West College
Admissions Office
Dungannon Campus
Circular Road, Dungannon
Co. Tyrone BT71 6BQ
Tel: 0845 603 1881

South West College
Admissions Office
Enniskillen Campus
1 Dublin Road, Enniskillen
Co. Fermanagh BT74 6AE
Tel: 0845 603 1881

South West College
Admissions Office
Omagh Campus
2 Mountjoy Road, Omagh
Co. Tyrone BT79 7AH
Tel: 0845 603 1881

13. YOUR FINANCE DETAILS

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

Self Employer 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) in receipt of any of the following benefits?

Benefit Entitlement

Income Support

Income Based Jobseekers Allowance

Working Tax Credit

Pensions Credit

Rates Relief Services

Means Tested ESA

Full Time Student (SWC only)

Evidence Required

Copy of SSA letter of current entitlement

Copy of SSA letter of current entitlement

NHS Exemption Certificate or TC602 (income below £16,190pa)

Documentary evidence

Award letter from either the NI Housing Executive or Land & Property

Documentary evidence

Student card, letter of confirmation



OFFICE USE ONLY:

Verified & Evidence Attached: _____

Reduced Fees

If paying a reduced fee, you must ensure you tick the reason you qualify for the reduced fee above and ensure valid evidence is provided. Failure to do so will result in full fees being payable and/or a delay in processing your enrolment.

14. PAYMENT SECTION (Courses costing more than £150 may be paid in instalments. A Direct Debit Form must be completed at enrolment.)

Cash £ Cheque £ Switch £ Invoice £ Credit Card £ Direct Debit £ Total amount £

ADDITIONAL PAYMENT INFORMATION

If this section is required it will be redacted immediately after the card payment has been processed.

Type of card: Visa Mastercard Other Amount £

Account Card No.

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)

NAME and ADDRESS of CARD HOLDER (if different from applicants)

I certify that for all credit card payments, South West College may debit the above mentioned card for the total fee

Signed: _____ Date: _____



For further information please visit:
www.swc.ac.uk

