

# HEREFORD COLLEGE OF ARTS - SHORT COURSE PROGRAMME ENROLMENT FORM 2011/12

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about use of and access to your personal data, and details of partner organisations are available at:

- <http://skillsfundingagency.bis.gov.uk/privacy.htm>,
- <http://www.ypla.gov.uk/privacy.htm> and
- <http://www.learningrecordservice.org.uk/documentlibrary/documents/Code-of-Practice-for-+Sharing-of+Personal+Information.htm>

## Section 1 (Personal Details)

Title (please tick appropriate box)	<b>Mr</b>	<input type="checkbox"/> 1	<b>Mrs</b>	<input type="checkbox"/> 2	<b>Miss</b>	<input type="checkbox"/> 3	<b>Ms</b>	<input type="checkbox"/> 4	<b>Dr</b>	<input type="checkbox"/> 5
Surname										
Forename								Date of Birth		

## Course Details – Please enrol me on the following course(s):

Course code	Course Title

Please indicate your reasons for enrolling on to the course (please tick appropriate box):

**Professional Development** 
                                 
 **Personal Development** 
                                 
 Other (please state) \_\_\_\_\_

Home/Permanent Address	Business Address (if for professional development)	Contact Details (for use in emergency)	
		Surname	
		Forename	
Post Code (L17)	Post Code	Relationship	
Telephone	Telephone		
Mobile*		Tel. (Day)	
E-mail address	E-mail address	Tel. (Eve)	

Please confirm your email address here: \_\_\_\_\_

In the event of a short course session having to be cancelled at short notice, what number would you like us to call you on? Please write your preferred telephone number here \_\_\_\_\_

### Ethnicity (please tick appropriate box)

English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/> 31	Irish	<input type="checkbox"/> 32	Gypsy or Irish Traveller	<input type="checkbox"/> 33
Any other White background	<input type="checkbox"/> 34	White and Black Caribbean	<input type="checkbox"/> 35	White and Black African	<input type="checkbox"/> 36
White and Asian	<input type="checkbox"/> 37	Any other Mixed/multiple ethnic background	<input type="checkbox"/> 38	Indian	<input type="checkbox"/> 39
Pakistani	<input type="checkbox"/> 40	Bangladeshi	<input type="checkbox"/> 41	Chinese	<input type="checkbox"/> 42
Any other Asian background	<input type="checkbox"/> 43	African	<input type="checkbox"/> 44	Caribbean	<input type="checkbox"/> 45
Any other Black/African/Caribbean background	<input type="checkbox"/> 46	Arab	<input type="checkbox"/> 47	Any other ethnic group	<input type="checkbox"/> 98

<b>Section 2 (Marketing)</b> Please state below any other courses that you would be interested in:	*Please tick the box below if you do not wish the College to use your mobile number to text you about forthcoming activities or events
	<input type="checkbox"/>

**Section 3 (Convictions)**

Do you have any criminal convictions? Yes  No  If yes, please give details:

**Section 4 Learning Difficulties and/or Disabilities and/or Health Problem**

The governors and staff of the College take their duties under the Disability Discrimination Act 2005 and Single Equality Act 2010 very seriously. If you consider yourself to have a learning difficulty, disability and/or health problem, please ensure that we know your requirements so that we can make all reasonable adjustments to help you succeed. *Please tick one of the following:*

I consider myself to have a learning difficulty and/or disability and/or health problem (please complete enclosed "special requirements form")	1
I do not consider myself to have a learning difficulty and/or disability and/or health problem	2

**Section 5 (Fees) All fees are payable upon enrolment.**

Please select method of payment:

Cheque (made payable to HCA – please print the student’s name and course on the reverse of the cheque)

Cash

Card (see below)

Who will be paying for the course? Own business  Employer  Self

If you are paying by Card, please complete the following:

Name on the Card:				Amount £	
Card Number:					
Security Code (unique 3 or 4 digit code printed on the signature strip of the debit/credit card):					
Issue Date:		Expiry Date:		Issue No.:	
Address the Card is registered at (including postcode):					
Signature:				Date:	

*I confirm that I have read and understood the Colleges Rules and Regulations and Data Protection Flyer. A copy of each can be found on our website [www.hca.ac.uk](http://www.hca.ac.uk). A paper copy is available upon request. I understand that the College reserves the right to use photographs of students for publicity purposes, images of work and/or the production of work generated by students in the course of their studies, including film/video materials, for promotional purposes, for example: College Prospectus/Website and course literature*

Signed: (Learner)		Date:	
Signed on behalf of the College:		Date:	

**FOR OFFICE USE ONLY – FINANCE/REGISTRY CHECK LIST**

Fees							
Tuition Fees		Materials		Total		Receipt No	

Finance Notes: \_\_\_\_\_ Signed by member of Finance Dept: \_\_\_\_\_

Checked by a member of the Registry Department \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form with full payment to:**

**The Short Course Team, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT  
Telephone 01432 845302 Fax 01432 341099 Email [shortcourses@hca.ac.uk](mailto:shortcourses@hca.ac.uk)**