

# HEREFORD COLLEGE OF ARTS - SHORT COURSE PROGRAMME ENROLMENT FORM 2010/11

## Section 1 (Personal Details)

Title (please tick appropriate box)	Mr	<input type="checkbox"/>	1	Mrs	<input type="checkbox"/>	2	Miss	<input type="checkbox"/>	3	Ms	<input type="checkbox"/>	4	Dr	<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 \_\_\_\_\_

**Please Note: Your personal information will be used solely by Hereford College of Arts and will at no time be passed to a third party organisation.**

## Ethnicity (please tick appropriate box)

Asian or Asian British - Bangladeshi	<input type="checkbox"/>	11	Asian or Asian British - Indian	<input type="checkbox"/>	12	Asian or Asian British - Pakistani	<input type="checkbox"/>	13
Any other Asian Background	<input type="checkbox"/>	14	Black or Black British - African	<input type="checkbox"/>	15	Black or Black British - Caribbean	<input type="checkbox"/>	16
Any other Black background	<input type="checkbox"/>	17	Chinese	<input type="checkbox"/>	18	Mixed - White & Asian	<input type="checkbox"/>	19
Mixed - White & Black African	<input type="checkbox"/>	20	Mixed - White & Black Caribbean	<input type="checkbox"/>	21	Any other Mixed background	<input type="checkbox"/>	22
White - British	<input type="checkbox"/>	23	White - Irish	<input type="checkbox"/>	24	Any other White background	<input type="checkbox"/>	25

Section 2 (Marketing) 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) Under the Rehabilitation of Offenders Act 1974, a conviction will become "spent" where the individual has not, after a specific period of time, committed another serious offence. Rehabilitation periods vary depending upon the type and length of conviction originally incurred.**

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 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 "special requirements form")

I do not consider myself to have a learning difficulty and/or health problem

**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:	

Signed: ..... Date: .....  
(Learner) .....

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 member of Registry Dept

Date:

Please return the completed form with full payment to:

**Wendy Tolley, Short Course Co-ordinator, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT  
Telephone 01432 845366 Fax 01432 341099 Email [shortcourses@hca.ac.uk](mailto:shortcourses@hca.ac.uk)**