

Course Registration/Enrolment Form

Title () Mr () Mrs () Miss () Other

First Name Last Name

Address.....

.....

City Post Code

Contact telephone number

E mail

Age group 16-19 years old () 19-25 years old () 25 years or over ()

Course Details

Course enrolled on

Awarding body.....

Entry requirements – None () Entry level 3 2 1 Level 1 2 3

Fees & Eligibility

Fees:

Is the learner eligible for funding/concessionary fee discount/instalments Yes () No ()

Evidence of eligibility JSA ARC Passport Other.....

ID Number:.....

Guided Learning hours

Fast track: Yes No

Weekly guided learning hours:

Overall guided learning hours (for fast track/intensive courses.....

Number of weeks required attendance

Course start date..... Estimated course end date.....

Previous qualifications

(Attach evidence, copies of certificates, print out of results etc)

Subject	Date	Result

Equal opportunities

Do you consider yourself to have a disability? Yes No

Do you have any special requirements for learning? Yes No

What is your first language?

Do you require any English Language tuition? Yes No

By signing this agreement I, the learner, agree to abide by all rules and regulations set out in the learner guide/terms and conditions. I have spoken to an adviser/tutor and agree to the plan of study that has been recommended. I understand the commitment to complete the course and that Skills4Communities has no influence over the outcomes of my exam results or accreditation bodies and will not be held responsible should I fail my test/exams.

I understand that an offer will be made to me to attend sessions on a particular day and time. I also understand that I can access the S4C facilities at any other time for non tuition learning.

Signed (Learner).....

S4C Staff

Date.....

For office use only

Course _____ Start date _____

Applicable Fees..... Paid in full Yes No

Instalments (see terms & conditions) Yes First payment:.....Balance:.....

Staff Signature _____ Print name _____