**North West Regional College**

**PART**

**-**

**TIME ENROLMENT FORM**

PLEASE COMPLETE AND RETURN

**ALL 4 PAGES**

OF THIS FORM



**Course Title xxx**

: xxx

Course Ref: xxx

Full Fee Payable:  Concessionary Fee Payable:

Day Release:

PT Day:

Start Date: xxx Day: xxx

Time: xxx

Location: xxx

PT Evening:

**Office Use Only**

:

AOS Pathway / Session

:

Student ID:

xxx

xxx

**Personal Details**

**Surname** xxx

:

**Permanent Home Address:** xxx

xxx

**Date of Birth**

:

/ /

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Y

Y

Y

Mr  Mrs  Miss  Ms  Dr

Please complete

(

**ALL**

details clearly)

**Home Phone:** xxx

**Mobile Phone:** xxx

**Work Phone:** xxx

**Email:** xxx

**Residency**

:

EU  Non-EU

**Nationality:** xxx

**Post Code**

: xxx

**Title**

:

**What is your country of birth?**

*Please write the present name of the country:* xxx

**Sex**

:

Male  Female

**Unique Learner Number (ULN):** xxx

**Learning Support**

*If you have indicated any disability or medical condition which may affect*

*your studies, your details will be passed to the College Learning Support*

*Co-ordinator who will contact you to discuss your learning needs in*

*confidence.*

Yes  No

Yes  No

**Please state nature of disability & support required:**

**Forename:** xxx

:

**Office Use Only**

:

Support letter issued

**Please indicate if you have any learning**

**difficulties/disabilities:**

**Do you require additional help from us?**

**Safeguarding**

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

● a criminal offence of a violent or sexual

nature?

● an offence relating to the distribution

and/or sale of illegal drugs?

**Failing to complete this section or providing misleading or false**

**information may lead to your application/enrolment being withdrawn.**

*Ticking ‘Yes’ to any of the questions above will result in a follow up meeting*

*in order to obtain further details.*

Yes  No

Yes  No

**Where did you hear about the Course?**

*(*

*Please tick where appropriate*

*)*

**Career Guidance:**

School / Careers Teacher

DfE Careers Service Adviser

College Careers Service / Tutor

Newspaper Advertisement

TV Advertisement

Radio Advertisement

Billboard / Bus / Bus Shelter Advertisement

TV / Radio Interview or Newspaper Article

**Advertising:**

**Web / Digital:**

NI Direct

College Website

Social Media (Facebook, Twitter)

**College**

College Information Day

College Literature / Prospectus

Word of Mouth (friend, parent etc)

Employer

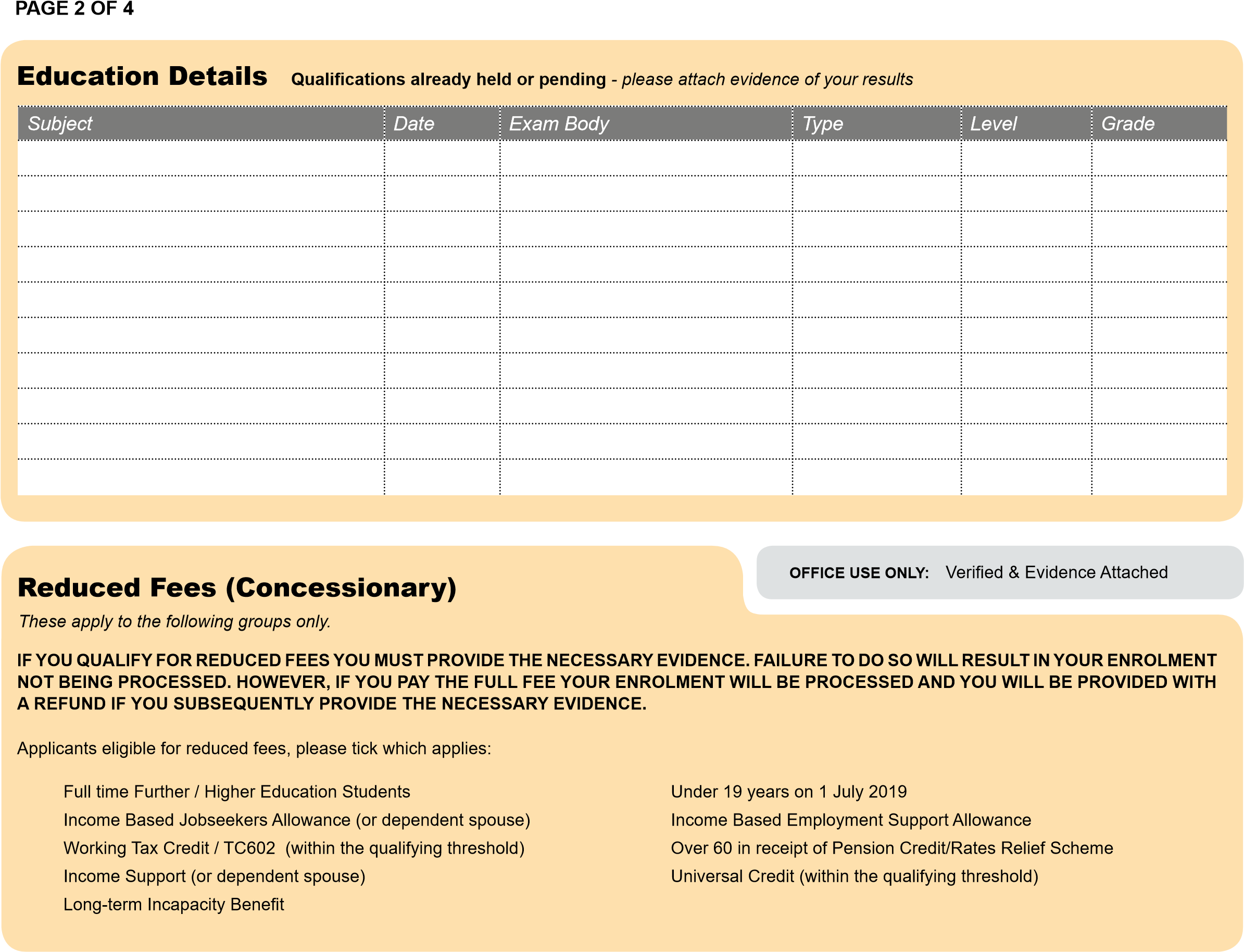
Jobs and Benefits Office

Other

**What is your main language OR what is your first language?**

English

Other



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**Fee Category\***

**Are you paying:**

Full Fee  Reduced Fee

(

please attach evidence

)

*\*Financial assistance may be available to students aged 19 or*

*over enrolled on a vocational course. For more information visit:*

***www.nwrc.ac.uk/faq***

**Employer / Agency Address**

: xxx

**Company Stamp and Authorised Signature:**

Please state who will be paying your fees:  Self  Employer  Other

**Tel No:** xxx

**INVOICE DETAILS**

*Please have the Company Details and Stamp or Authorised Signature above completed or attach a letter from the organisation stating that they will pay your*

*fees. Your fees are not deemed paid until a responsible organisation provides payment.*

**Post Code**

: xxx

xxx

xxx

**Finance Section**

**Payment Method:**

Cash Cheque Switch Credit Card Invoiced

**Cash Transactions:**

Amount Paid: Receipt No.: Date: Received By:

Amount Invoiced: Invoiced to: Date: Processed By:

**(**

**OFFICE USE ONLY**

**)**

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# Student Declaration

I certify that the details on this form are correct and that if accepted I wish to be enrolled for the above course and accept that payment of any fees incurred is my responsibility. I understand that I will cease to be a student of the College if I have an absence without explanation for more than four consecutive weeks or if it becomes clear I have provided false statements or have withheld relevant information. In such circumstances, I also understand I will have to apply to be re-admitted as a student. By signing this form I agree to comply with all College regulations, policies and guidelines. Copies of these can be obtained from College Libraries.

**Enrolment on a course at this College WILL NOT be processed if the form is not signed by the student.**

**Signed** xxx **Print Name** xxx **Date** xxx

## Enrolment Form Privacy Notice

*North West Regional College (Data Controller) is permitted to process personal data where there is a lawful basis to do so. NWRC recognises and respects the importance of your privacy and is committed to treating your information responsibly and in compliance with the data protection legislation. The lawful basis for the processing of personal data included and associated with this Enrolment Form (including your results and benefit evidence) is; ‘that processing is necessary for the compliance with a legal obligation’ and/or ‘processing is necessary for the performance of a task carried out in the public interest’.*

*The information that you provide on this form will be processed to administer your studies, to deliver your programme and to monitor your performance and attendance. We also use your information to manage recruitment, admission, registration, enrolment, study, examination and graduation. Your information will be used to provide you with College facilities and services, to provide you with support and to process any payments to be made to you. We may also use your information to conduct research and surveys to identify ways to enhance learning, teaching, assessment and the whole student experience. Information will be passed between relevant Curriculum Schools and support Departments within the College for operational purposes and will be disclosed to external agencies where we have an obligation to do so and where a lawful basis exists, such as; Government Departments and their Nominees, Statutory Bodies, Higher Education Statistics Agency, Student Loans Company, Funders, Learning Records Service for allocation of your Unique Learning Number, Placement Providers, UCAS, Universities, Credit Reference Agencies, Crime Prevention Organisations. Employers (who pay your fees and allow you time off work to attend courses) may request information regarding your attendance, progress and results. All personal data will be held in line with the Sector Retention & Disposal Schedule. For further information on your individual rights and to access our Data Protection Policy, please visit* [***www.nwrc.ac.uk/policies****.*](http://www.nwrc.ac.uk/policies)

*NWRC Terms & Conditions are available online at* [***www.nwrc.ac.uk/policies****.*](http://www.nwrc.ac.uk/policies) *Please read through the Terms & Conditions online or request a copy from the College.*

**Please return completed Enrolment Form AND Monitoring Form**

**to the admissions office suitable for the location of your chosen course:**

**Limavady**

Administration Office

North West Regional College

Main Street, Limavady

BT49 0EX

**Derry Londonderry**

Administration Office

North West Regional College

Strand Road, Londonderry

BT48 7AL

**www.nwrc.ac.uk/parttime**

**Strabane**

Administration Office

North West Regional College

Derry Road, Strabane

BT82 8DX

**College Signature: Print Name: Date:**

**OFFICE USE ONLY:**

**Enrolment/FESR Processed by: Print Name: Date:**



Please attach any additional information you feel will support your application when returning your form.

**NOTE: You are not enrolled on a course until you have paid the relevant tuition fees. Fees are non-refundable except where a class is cancelled. If the College cancels your chosen course, you will automatically receive a refund. Refunds will be issued in the form of a cheque to the student named on this enrolment form.**

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# Please continue to Equality Monitoring Form on next page

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**North West Regional College EQUALITY MONITORING FORM**



**Explanatory Note:**

The North West Regional College wishes to ensure that its services are accessible to everyone regardless of their gender, age, nationality, race, marital status, religious belief, sexual orientation, political opinion, and whether or not they have a disability or dependents. Whilst the completion of this monitoring form is optional, there is a requirement for data to be collected from students in line with equality legislation in Northern Ireland. The College would appreciate your co-operation in order that it may monitor and evaluate IT services for students.

**Please note: This page is strictly private and confidential and will be separated from your form by our Administration Staff**

**Disability**

**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  No

A specific learning disability such as dyslexia / dyspraxia / AD(H)D

Blind or serious visual impairment uncorrected by glasses

Deaf or serious hearing impairment

A Physical impairment or mobility issues, such as difficulty using

arms or using a wheelchair or crutches

A social/communication impairment such as Asperger’s Syndrome/

other autistic spectrum disorder

A mental health condition, such as depression, schizophrenia or

anxiety disorder

Longstanding illness or health condition such as cancer, HIV,

diabetes, chronic heart disease or epilepsy

A disability, impairment or medical condition not listed above

**If YES to the above, please state the type(s) of impairment that apply**

**to you**

*please tick all that apply*

*)*

*(*

**Ethnic Group**

Bangladeshi

Chinese

Asian Other

Irish Traveller

Mixed Ethnic Group

Any Other Ethnic Group

White

Black Caribbean

Black African

Black Other

Indian

Pakistani

**To which of these ethnic groups do you consider you belong to?**

*)*

*please select the option that is most appropriate for you*

*(*

**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

**Dependants**

**Do you have a personal responsibility for the care of?**

*(*

*tick each box that applies to your circumstances*

*)*

A Person(s) with disability

No I do not have any dependants

A Child (or Children)

A Dependant Adult(s)

**Community Background**

**What religion, religious denomination or body were you brought**

**up in?**

Other Religion

None

Roman Catholic

Protestant

Other Christian

**Religious Belief**

Roman Catholic

Presbyterian Church in Ireland

Church of Ireland

Methodist

Other Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other Religion

None

**What religion, religious denomination or body do you belong to?**

**Sexual Orientation**

🞎Heterosexual / Straight

🞎Bisexual

🞎Gay

**Which of the following options best describes how you think of**

**yourself?**

Lesbian

Other

Prefer not to say

**Marital Status**

*)*

*(*

*please tick one box*

Divorced / Dissolved

Widowed / Surviving Civil

Partner

Single

Married / Civil Partner

Separated

**Are you...?**

**Employment Status**

*(please tick one)*

Employed Full Time (30 hours out more per week)

Employed Part-Time (less than 30 hours per week)

Self Employed

**Not in work and not looking for work**

Retired/looking after family OR home/long-term sick

Student/Waiting to start a course

College or University

Other (e.g. voluntary unpaid work)

**Unemployed (out of work and looking for work) for**

less than 6 months

- 11 months

6

12

or more months

**What is your current main employment status?**

Alternative formats of this form are available on request