

Enrolment Form

Academic Year 09/10



Os ydych yn dymuno cwblhau'r ffurflen yn Gymraeg, defnyddiwch ochr arall y daflen, os gwelwch yn dda.

Welcome to the College! This form is needed to collect information so that we can enrol you on the correct course. Please endorse USING INK in the shaded areas provided and use BLOCK CAPITALS throughout starting at Section 1 below.

Student ID									
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Section 1										This section is all about you. Please tick or print in BLOCK CAPITALS as necessary.									
Title	Mrs	<input checked="" type="checkbox"/>	Ms	<input checked="" type="checkbox"/>	Miss	<input checked="" type="checkbox"/>	Mr	<input checked="" type="checkbox"/>	Other		Gender	Male	<input checked="" type="checkbox"/>	Female	<input checked="" type="checkbox"/>				
Your Surname																			
Your surname on 16th birthday if different to the above																			
First Names											Date of Birth	D	D	M	M	Y	Y		
Your Address																			
															IMPORTANT - Postcode				
Telephone No.											Mobile Phone No.								
(Include STD Code)																			
Employment Status (Please tick as appropriate)																			
I am employed	<input checked="" type="checkbox"/>	I am non-employed and I am not available for/not seeking employment					<input checked="" type="checkbox"/>	I am non-employed and available for/seeking employment					<input checked="" type="checkbox"/>						
Occupation																			
Employer's Name																			
Employer's Postcode											Does your employer employ fewer than 250 people?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>				

Section 2										You can enrol for ONLY ONE COURSE on this form. Fill out a separate form for each course. Use the exact course code and title from the College brochure.									
Course Code																			
Course Title																			
Course Start Date	D	D	M	M	Y	Y	Course Start Time						:						
Site or Venue e.g. Rhos-on-Sea Campus, Coleg Llandrillo Rhyd																			
Name of Personal Tutor (if known)																			
Tutor signature where course interview is required																			

Section 3										The College welcomes all learners.									
Do you have a learning difficulty/disability/medical condition?															YES	NO			
If yes, please specify																			
If you need any specialist support arranged for your course, contact the Learning Support Co-ordinator well in advance of your course start date on 01492 546 666 ext. 535.																			
Please name your school or college attended and the year you left										Y	Y	Y	Y						
National identity e.g. Welsh, English, Scottish, Irish, British, Other																			
Please state your ethnic origin e.g. White, Black Caribbean, Black African, Indian, Pakistani, Bangladeshi, Chinese, Other Asian, Other, Etc																			
I have lived in the UK or the EU for the last three years										YES	NO	I am a British or European Union Citizen					YES	NO	
If you answered no to the last question, have you been in the UK or EU wholly or mainly to receive full-time education?															YES	NO			
Where did you first find information about the course you would like to study at Coleg Llandrillo Cymru?																			

Section 3		Continued.					
What is your first language?	English	<input checked="" type="checkbox"/>	Welsh	<input checked="" type="checkbox"/>	Other		
Would you like your course to be offered bilingually, where possible?							YES NO
Preferred language of course delivery?	English	<input checked="" type="checkbox"/>	Welsh	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>	No Preference <input checked="" type="checkbox"/>
What is your knowledge of the Welsh language?	Fluent		<input checked="" type="checkbox"/>	Not Fluent	<input checked="" type="checkbox"/>	Non Welsh Speaker <input checked="" type="checkbox"/>	
Would you like to improve your language skills?	NO	Yes in Welsh	<input checked="" type="checkbox"/>	Yes in English	<input checked="" type="checkbox"/>	Yes in Both <input checked="" type="checkbox"/>	
The College will automatically contact you regarding aspects of your current course.							
Please tick to indicate your consent for the College to contact you regarding other training opportunities.							<input checked="" type="checkbox"/>
Please tick to indicate your consent for the Welsh Assembly Government to contact you directly regarding aspects of your course, or future training needs.							<input checked="" type="checkbox"/>

Section 4		This section deals with payment of course fees. College staff will calculate the total fees payable.					
Total Due	£						
Total Course Fee	.	Total Exam Fee	.				
Concession/ESF	.	Evidence to support concession must be provided			Evidence seen		<input checked="" type="checkbox"/>
ILA Funding	.	Evidence of authorisation must be attached		ILA Reference Number			
Subtotal	.						
Other Funding	.	Evidence of authorisation must be attached					<input checked="" type="checkbox"/>
Total Fees Payable	.	If a sponsor/employer is paying, a letter of authorisation must be attached*					
Who is paying Total Fees Payable?	Student	<input checked="" type="checkbox"/>	Sponsor/Employer	<input checked="" type="checkbox"/>	Other (please state)		
Are you paying by instalments? (£100 min fee, deposit payable on enrolment)				YES NO	If yes Standing Order Form Attached		
If this course is Staff Development, please enter Staff Development Code here							
If a Sponsor/Employer is paying fees, please state their name, address, postcode and telephone number below.							
Sponsor/Employer Name							
Sponsor/Employer Address							
Postcode						Sponsor/Employer Phone No.	

YOUR AGREEMENT: I agree to comply with the College rules and policies (including plagiarism, bullying and harassment, fees, disciplinary and attendance policies), abide by the provisions of the Health and Safety at Work Act and to conform to the No Smoking policy on all College premises. I agree to pay all fees as they become due, and to the release of information concerning my progress and achievement to my Sponsor, Training Provider as appropriate. I confirm that I remain liable for the full fee if I withdraw early from a course where a fee is payable. I agree that should I fail to pay all fees and charges as they fall due, I will become liable for all administration costs incurred by the College in recovering my debt. *Should my sponsor/employer not pay my fees as agreed, I will be liable to pay these fees as they become due. Coleg Llandrillo processes the data on this form and information gathered within individual courses, as well as students' academic performance and learning support needs. This information is used to assess student learning needs and provide data that the College is required to hold and supply to government departments and other bodies. Such personal data is treated in confidence and will not be disclosed to any third party except where the College is required to do so by law or to plan support. Our purposes for holding information and a general description of the categories of people and organisations to whom we may disclose it, are listed in the College's notification under the Data Protection Act 1988. Your submitting this form constitutes consent to this process.

Please Sign (Please note students will not be enrolled without their signature)							D	D	M	M	Y	Y

YOUR RECEIPT		Please copy the course details from Section 2.										
TILL RECEIPT INFORMATION												
Student Name												
Course Code						Title						
Start Date	D	D	M	M	Y	Y	Time	:	Venue			
<p>Note: Keep this receipt safe and bring it to your first class. Coleg Llandrillo Cymru, Llandudno Road, Rhos-on-Sea, Colwyn Bay LL28 4HZ Tel: 01492 546 666 Fax: 01492 543 052 The College reserves the right to cancel courses which are undersubscribed or where there are circumstances outside our control. In the event of cancellation every effort will be made to contact you. Refunds will be paid by postal cheque only.</p>												