

# Falkland College

## Course Enrolment Form 2020/2021

Student Number: <input style="width: 90%;" type="text"/>
--

<b>Course Details</b>	<b>Course title</b> <input style="width: 95%;" type="text"/>
	<b>Start date</b> <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> /20 <b>End date</b> <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> /20

<b>Your Details</b>	<b>Title</b> (Mr, Mrs, Miss, Ms, Other—Please Specify) <input style="width: 80%;" type="text"/>
	<b>Surname</b> <input style="width: 95%;" type="text"/>
	<b>Forenames</b> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>
	<b>Previous Surname</b> <input style="width: 95%;" type="text"/>
	<b>Preferred Given Name</b> <input style="width: 95%;" type="text"/>

<b>Contact details</b>	<b>Home Address</b> <input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
	<b>Telephone No</b> <input style="width: 25%; text-align: center;" type="text"/> (W) <input style="width: 25%; text-align: center;" type="text"/> (H) <input style="width: 25%; text-align: center;" type="text"/> (M)
	<b>Email Address</b> <input style="width: 95%;" type="text"/>

<b>Other details</b>	<b>Place of Birth</b> <input style="width: 30%;" type="text"/> <b>Date of Birth</b> <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> / <b>Age</b> <input style="width: 10%;" type="text"/>
	<b>Status in the Falkland Islands</b> (FI status Holder, PRP, Work Permit, other) <input style="width: 30%;" type="text"/>
	<b>Name of Employer</b> <input style="width: 70%;" type="text"/>

<b>Emergency Contact details</b>	<b>Name</b> <input style="width: 95%;" type="text"/>
	<b>Relationship</b> <input style="width: 95%;" type="text"/>
	<b>Home Address</b> <input style="width: 95%;" type="text"/>
	<b>Telephone No</b> <input style="width: 25%; text-align: center;" type="text"/> (W) <input style="width: 25%; text-align: center;" type="text"/> (H) <input style="width: 25%; text-align: center;" type="text"/> (M)
	<b>Email Address</b> <input style="width: 95%;" type="text"/>

<b>Nationality and language</b>	<b>Please state your Nationality</b> <small>(e.g. British, US Citizen etc.)</small>	<b>What is your First Language?</b>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<b>How well do you speak English?</b>	<input style="width: 95%;" type="text"/>
	<small>Native speaker, Good, moderate, poor, very little</small>		

<b>Disability/ Allergies/ Medical conditions/ help</b>	If you would like help reading examination questions please tick this box. <input style="float: right;" type="checkbox"/>
	If you have a disability and need additional support please let us know by ticking this box. <input style="float: right;" type="checkbox"/>
	If you have any allergies (including food) or medical conditions Falkland College should be aware of please specify. <input style="width: 95%; height: 40px;" type="text"/>

<b>Job Type</b> (please tick one first column and one in the second column)	Permanent	<input type="checkbox"/>	Full time	<input type="checkbox"/>
	Casual	<input type="checkbox"/>	Job Share	<input type="checkbox"/>
	Student	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
	Voluntary	<input type="checkbox"/>	School Hours	<input type="checkbox"/>
	Unemployed	<input type="checkbox"/>	Shift Work	<input type="checkbox"/>
	Employment Programme	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>

**CDS Fund**  Please provide a copy of the letter from the CDS Committee with this form

**Self funding**  You will be asked to pay for your course before it begins.

**Employer**  Please provide your employers contact details in the space below

**Contact in Company**

**Company address to send invoice**

**Contact telephone**

**Contact in Companies email address**

**Signature of company representative authorising payment and course attendance**

**Course Payment**  
(please tick the appropriate category)

**Personal Declaration and data protection consent**

The personal data you have supplied will be held by Falkland College and by the awarding body offering your qualification. By agreeing to this declaration you consent to these bodies holding and processing your personal data for the purpose of complying with the statutory obligation to provide information to a number of official agencies, as well as for our own administrative, business and research activities.

Your personal data will also be used for the purpose of providing references, if requested, and information on your progression may be disclosed to an organisation providing you with financial support (e.g. your employer), unless you advise us otherwise in writing addressed to the Quality Assurance Co-Ordinator, who holds all students records.

By signing this declaration you agree to the processing of your personal data as described above. You also confirm that, as far as you are aware, the enrolment particulars are correct and that you have read and agree to abide by the regulations of Falkland College. Failure to comply with the regulations may result in disciplinary action and the possible exclusion from your studies. Falkland College is entitled to suspend or expel a student from a course, where it is considered that they pose a risk to the welfare of staff and/or other students. You also agree to accept responsibility for fees due if someone who has undertaken to pay them on your behalf fails to do so.

Students Signature  Date

**Office Use only**

Form received date \_\_\_/\_\_\_/20\_\_\_ Form received by: \_\_\_\_\_ Course Availability signed: \_\_\_\_\_

**PAYMENT INFORMATION:**

Cash  Cheque  Invoice  Bank Transfer  AV FIG Dept Vote Code \_\_\_\_\_

Date Invoice/AV raised \_\_\_/\_\_\_/20\_\_\_ Date payment received: \_\_\_/\_\_\_/20\_\_\_ Receipt Number: \_\_\_\_\_

Name of Tutor \_\_\_\_\_ Tutor reviewed application \_\_\_/\_\_\_/20\_\_\_

Joining Instructions sent YES NO Date Joining Instructions sent \_\_\_/\_\_\_/20\_\_\_

Training Pack required YES NO Date certificate sent \_\_\_/\_\_\_/20\_\_\_