



Part Time Application Form 2010 - 2011

Plumpton College **Applying by phone:** Please have your credit/ debit card details ready
Applying by post: Please complete both sides of this form and complete payment details. If paying by cheque please make cheques payable to "Plumpton College."

Title:	First Name(s):	Surname:
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Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date of Birth: <input type="text"/>	NI Number: <input type="text"/>
			Unique Learner Number: <input type="text"/>

Address: Post Code:	Daytime Telephone:
	Evening Telephone:
	Mobile:
	Email Address:

Nationality: <input type="text"/>	Country of Normal Residence: <input type="text"/>
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Ethnic Origin:

- | | |
|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black African |
| <input type="checkbox"/> White Other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Refuse to say |
| <input type="checkbox"/> Black Other | <input type="checkbox"/> |

If other than British or European Economic Area National, Please state date of entry to the UK _____

What is your first language?

Do you require learning support? Yes No **Do you have a disability?** Yes No

If you have said YES to either question, please specify the support you require and tick the appropriate box below:

- | | |
|--|---|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Emotional behavioural difficulties |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Temporary disability after illness or accident |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Profound/complex disabilities |
| <input type="checkbox"/> Other physical disability* | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> Other medical condition* | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental Illness | |

*Please provide further details _____

What is the highest level qualification you have to date? _____

The College has a duty of care to all learners, particularly those under the age of 18. In view of this all learners are required to state if they have a **criminal** conviction, including spent sentences and cautions. Failure to disclose such convictions could result in College disciplinary procedures. All information given will be treated as sensitive data under the Data Protection Act 1998.

Do you have any criminal convictions? Yes No

If YES, please state nature of the offence and date of conviction: _____

If during the course of your studies you are convicted of a criminal offence you are required, in confidence, to inform the Deputy Principal, Academic & Quality.

	Course
Course Code	
Start Date (if known)	
Title	
Tuition Fee	
Registration & Assessment Fee	
Total Cost	
Office Use Invoice No.	

Plumpton College
 Ditchling Road
 Plumpton
 East Sussex
 BN7 3AE

Tel: 01273 890 454
 Fax: 01273 890 071
 Email:enquiries@plumpton.ac.uk
 www.plumpton.ac.uk

Student Number: _____

Date Received: _____

Card Security Code

Payment Details Please make cheques payable to "Plumpton College"

How are you paying for the course? Cheque Credit/ Debit Card Employer

This will be destroyed once payment has been taken

Payment by Credit/ Debit Card

Card Number: _____ Expiry Date: _____ Issue No _____

Name & Address of Cardholder if different

Employer & Business Information

Is this course relevant to your employment? Yes No Are you self employed?

Has your employer given you time off to attend the course? Yes No Yes No

Employer Contact Name:	Name & Address of Employer:
Employer Contact Telephone Number:	

Fee Remission is available for some courses where a reduced fee is indicated

I am unemployed and in receipt of Job Seekers Allowance

I am receiving a means tested state benefit Please state which

I am the unwaged dependant of someone receiving the above

Note: You MUST supply documentary evidence as proof of eligibility for Fee Remission, with your completed application form. This evidence must be valid when you start the course.

If your employer or sponsor has agreed to pay for your course please complete this section in BLOCK CAPITALS

INVOICE AUTHORISATION

Name of Company/ Organisation.....

We agree to pay for the course overleaf an receipt of your invoice

Please send invoice to:.....

.....

Order No. (if applicable).....

Telephone Number:.....

Signed by:.....**Position:**.....

Print Name:.....

Information you provide on this enrolment form will be passed to the Learning & Skills Council, which is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data but it also alwbs the Council to share information with other organisations to monitor performance, improve quality and plan future provision. Further information about data confidentiality is available upon request from the institution at which you are enrolling.

I agree to comply with all college regulations and pay the appropriate fees. I also agree to Plumpton College processing personal data provided by me on this form. I confirm my training needs have been assessed and appropriate guidance given.

Signed by:..... Date:.....