

Application for entry to an Adult and Community Learning programme

To enrol you must complete this form and send with course fees to:
East Grinstead Central campus, Queensmere House
49 Queens Road, East Grinstead, West Sussex RH19 1BG

Tel: **01342 321874**
 Fax: **01342 325553**
www.centralsussex.ac.uk
 email: **info.eg@centralsussex.ac.uk**

Input No.	Initial

Please complete **both sides** of this form in **BLOCK CAPITALS** and ensure it is signed. Names must be those you wish to have printed on any award/examination achievement certificate.

Family name / surname

Other names (in full - as on passport)

Title Mr Mrs Ms Miss Other:
 (please mark as appropriate)

Date of Birth (dd/mm/yyyy)

Have you lived in this country or an EU/EEA country for the last 3 years? Yes No If No, state date of entry to UK

Permanent Address
 Postcode

Home Tel. No.

Mobile Tel. No.

Email address

Course Code No.	Course	For office use			
		No.wks	Fee	Amount paid	Payment method

I confirm that all details given on this form are to the best of my knowledge correct. I agree to abide by the College rules and regulations; to pay my fees in full; to provide any further information when required; to accept the College has a NO REFUND POLICY except where the College closes a course; I agree to the information I have supplied being recorded on a computer and used in accordance with the Data Protection Act 1998. I understand you may share details among College departments and other relevant organisations for reasons connected with administration; my studies; or my health and safety, and may contact me with relevant information and/or services.

Signature: Date:

Card Payment Form. You should complete all relevant parts of this form, if paying by credit/debit card.

Student Details

Family name:	Other names:	Male / Female
Address:		
Postcode:	Telephone:	Course Code:

Cardholder details (if different from above)

Family name:	Other names:	Male / Female
Address:		
Postcode:	Telephone:	

Credit/Debit Card Number:

Issue No: Start Date: End Date: Amount: 3 Digit Security Code:

Signature: Date:

Monitoring and Equal Opportunities Form

Strictly Confidential

Central Sussex College is committed to promoting equality and fairness. Your application will be assessed on merit and you will receive equal treatment regardless of gender, age, disability, sexual orientation, religion or ethnic origin. To help us make sure this policy of equality is working and to take steps to ensure progress is made towards achieving equality and diversity in the workplace, we need to know about the people who are applying for courses with us. To help us with this, please fill out your details below.

Ethnic Origin. Please mark the category you feel is appropriate to you

<input type="checkbox"/> Asian or Asian British - Bangladeshi	<input type="checkbox"/> Mixed - White & Asian
<input type="checkbox"/> Asian or Asian British - Indian	<input type="checkbox"/> Mixed - White & Black African
<input type="checkbox"/> Asian or Asian British - Pakistani	<input type="checkbox"/> Mixed - White & Black Caribbean
<input type="checkbox"/> Asian or Asian British - any other Asian background	<input type="checkbox"/> Mixed - any other mixed background
<input type="checkbox"/> Black or Black British - African	<input type="checkbox"/> White - British
<input type="checkbox"/> Black or Black British - Caribbean	<input type="checkbox"/> White - Irish
<input type="checkbox"/> Black or Black British - any other Black background	<input type="checkbox"/> White - any other white background
<input type="checkbox"/> Chinese	Other (please specify) <input type="text"/>
<input type="checkbox"/> Prefer not to say	

Do you have a disability within the meaning of the Equality Act 2010*? Yes No

*The Equality Act 2010 says that someone is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you have a medical condition, disability, learning difficulty or other issue that affects your learning? Yes No

If yes, we may be able to help. Please give details.

If you are claiming a concessionary fee, please complete:

National Insurance No. <input type="text"/>	I am 16-18 <input type="checkbox"/>	
In Receipt of UK State Pension or working less than 16 hrs/week <input type="checkbox"/>	Income Support <input type="checkbox"/>	Income Based Job Seekers Allowance <input type="checkbox"/>
Disability Living Allowance <input type="checkbox"/>	Working Tax Credit <input type="checkbox"/>	Housing/Council Tax Benefit <input type="checkbox"/>

Have you attended an adult education course in the past three years? Yes No

Please tell us where you obtained your brochure?

Is this course relevant to your job? Yes No

Is your employer supporting your training? Yes No

If yes, please complete:

Employer Name <input type="text"/>	Employer Contact Name <input type="text"/>
Employer Address <input type="text"/>	Employer Telephone No. <input type="text"/>
Postcode <input type="text"/>	