

OFFICE USE ONLY						
Date Received: _____						
<input type="checkbox"/> Copy sent to Disability Officer						

LIFELONG LEARNING ENROLMENT

Aberystwyth University, Old College, King Street, Aberystwyth, Ceredigion SY23 2AX

Tel (01970) 621580 / Fax (01970) 622686

Enrolment Form

Please complete this form in **BLOCK CAPITALS** and return, with the appropriate fee, to the above address. Cheques should be made payable to Aberystwyth University. The concession fee is only available to full-time students and those in receipt of state benefits. **PLEASE NOTE THAT WE DO NOT SEND OUT CONFIRMATION OF COURSE BOOKINGS.** If you require a receipt please enclose a SAE. In order to ensure continued funding of courses, UWA is required to gather the information marked by an * and return it to the Higher Education Statistical Agency (HESA) for use in statistical analysis. HESA is registered under the Data Protection Act (number N0291011).

A: TO BE COMPLETED BY ALL STUDENTS

Title (Ms/Mr):	*Surname:	*Full Forename(s):	
Permanent Home Address:		Daytime Tel No:	
*Postcode		Evening Tel No:	
Email		*Date of Birth (dd / mm / yyyy): ____ / ____ / ____	Occupation (Please state if retired or unemployed):
*Highest Previous Qualification: <input type="checkbox"/> None <input type="checkbox"/> ONC / OND <input type="checkbox"/> First Degree <input type="checkbox"/> GCSE / O Levels <input type="checkbox"/> HNC / HND <input type="checkbox"/> Higher Degree <input type="checkbox"/> A Levels <input type="checkbox"/> Professional Qualification Other:.....		*Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
		*Nationality:	
		*Tick one of the boxes below to indicate a more specific national identity: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Unknown <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	
		Have you studied a higher education course lasting 6 months or more (above A level or equivalent) in the UK before? YES / NO	

***Tick one of the boxes below to indicate your ethnic origin.**

White Black or Black British - Caribbean Black or Black British - African Other Black Background Irish Traveller Prefer not to say

Chinese Asian or Asian British - Indian Asian or Asian British - Pakistani Asian or Asian British - Bangladeshi Other Asian background

Mixed - White & Black Caribbean Mixed - White & Black African Mixed - White & Asian Other Mixed background Other Ethnic background

Are you a Welsh speaker? Please tick the appropriate box: Fluent Not fluent Not a Welsh speaker Prefer not to say

Do you have a criminal conviction which will be unspent at the time of your admission to the University? YES NO

You should not include any motoring offence for which the penalty is no greater than a fine and/or three penalty points. If you tick the 'Yes' box, the University may ask you for further details. If you do not tick either box, your form will be returned for completion. Please note that if you are convicted of a criminal offence while your application is being processed, you should notify the Director of the School of Education and Lifelong Learning immediately.

B: COURSES

Course Code	Course Title	Start Date	Fee Paid

I am paying the following fee rate (please delete as appropriate): FULL / CONCESSION

Cash Cheque Card

TOTAL FEE ENCLOSED:

Is your course a Work-based Learning course? YES NO Is your employer paying your fees? YES NO

Is your employer releasing you for the course? YES NO

C: TO BE COMPLETED IF RELEVANT TO YOU

If you wish to disclose a disability please indicate below:

Dyslexic Mobility problems Unseen disability (e.g. diabetes) Autistic spectrum disorder

Impaired vision / Blind Personal care needed Multiple disabilities

Impaired hearing / Deaf Mental health difficulties Other disability

If you require any adjustments to access your course as a consequence of a disability, you should provide up to date evidence (not more than two years old) and contact the University Disability Officer, Mr. Rhun ap Harri (01970) 628537 or rha@aber.ac.uk, to discuss your provision.

It may be necessary to arrange an interview.

D: DECLARATION - TO BE COMPLETED BY ALL STUDENTS

All information you provide on this form will be processed and retained in accordance with the Data Protection Act 1998. The information, including any sensitive information (e.g. relating to health, disabilities etc), will be retained in hardcopy form and may also be recorded on the University's student database. It will be made accessible to members of University staff on a need-to-know basis only.

I agree to abide by the regulations of the University and to accept the jurisdiction of the Senate. Copies of the regulations are available from the office of the Registrar. I confirm that the information given on this form is correct to the best of my knowledge. I have read and understood the declaration relating to the processing and retention of sensitive information given on this form.

Signature..... Date

How did you hear about the course? Brochure Local Newspaper Word of Mouth Website Course Leaflet

Tutor Other, please specify:

OFFICE USE ONLY:	Paid:	Processed:
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