



WEST BANN DEVELOPMENT

Registration Form 2020

Please complete all sections using BLOCK Capitals

COURSE DETAILS

Course Title: _____ Start Date: _____ Finish Date: _____
 Course Code: _____ Duration: _____ Day: _____ Time Slot: _____

PERSONAL DETAILS

Title: _____ Forenames: _____ Surname: _____
 Date of Birth: _____ Gender: ☐ Male ☐ Female
 Age: ☐ 16-20 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61-65 ☐ 66+
 Address: _____ Telephone Numbers: Home: _____
 Mobile: _____
 Postcode: _____ E-mail Address: _____

FEE DETAILS

Fee Type (Please Indicate): ☐ Full Fee ☐ Reduced Fee Tuition Fee Payable: £ _____ Payment Method: ☐ Cash ☐ Cheque ☐ Card
 Indicate below if requesting a reduction from the standard rate of tuition. Please bring evidence when enrolling (i.e. a letter dated within the last 3 months confirming that you receive a benefit listed below, or an official letter/bill addressed to you as proof you are a resident of the Heights/Killowen area)
☐ Resident of Heights/Killowen ☐ Working Tax Credit Single Income (Working 16-29 hrs) - £11,048 ☐ Income Support
☐ Job Seekers Allowance (Income Based) Single Income (Working 30 hrs) - £12,980 ☐ Pension Credit
☐ Income Based Employment Support Allowance Joint Income (Working 30 hrs) - £17,787 ☐ Long Term Incapacity Benefit

EMPLOYMENT STATUS

Please indicate your current employment status
☐ Employed
☐ Self Employed
☐ Unemployed
☐ Full Time Education
☐ Unemployed and not seeking Employment

HEALTH STATUS

Please state any medical details we should be aware of in the event of an emergency (Diabetes, epilepsy etc)

 Please provide details of someone we could contact in the event of an emergency
 Name: _____ Telephone No: _____

EDUCATION/QUALIFICATIONS

Please indicate the highest qualification which you have attained:
☐ GCSE or equivalent (Grades A-C) - State Number: _____
☐ GCE 'AS' Level - State Number: _____
☐ NVQ - Please Indicate Level: _____
☐ Higher Degree
☐ GCSE or equivalent (Grades D-G) - State Number: _____
☐ GCE 'A' Level - State Number: _____
☐ First Degree
☐ Other (Please Specify) _____

HOW DID YOU HEAR ABOUT WEST BANN DEVELOPMENT ?

☐ Coleraine Chronicle ☐ The Leader ☐ Posters ☐ Internet ☐ Word of Mouth
☐ Coleraine Times ☐ Used us Before ☐ West Bann Newsletter ☐ Other (Please Specify): _____

Refunds Policy:

Refunds will not be provided after the start date of any course.

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Amount Paid: _____
☐ Cash ☐ Cheque ☐ Card Receipt No. _____
 Received By: _____ Place Secured: _____

EQUAL OPPORTUNITIES

Please complete the following sections. This information is necessary as part of our monitoring responsibilities and to measure our progress towards widening the diversity of our users. The information that you provide will be used for statistical monitoring purposes, and released only to our funders through anonymous statistics. (Please note: this section will be separated from your enrolment from when we have recorded the information).

DISABILITY	COMMUNITY BACKGROUND	MARITAL STATUS	ETHNIC ORIGIN	DEPENDANTS
Do you consider yourself to be Disabled ? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Perceived Protestant <input type="checkbox"/> Perceived Roman Catholic <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married/Co-habiting <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> White <input type="checkbox"/> Traveller <input type="checkbox"/> Chinese <input type="checkbox"/> Black/African Caribbean <input type="checkbox"/> Indian <input type="checkbox"/> Mixed Ethnic Group <input type="checkbox"/> Pakistani <input type="checkbox"/> Other: _____ <input type="checkbox"/> Asian _____	Number of Dependant Children: _____ Number of Dependant Adults: _____