



The College for Women and Men

ENROLMENT FORM 2009 - 2010

Working Men's College
44 Crowndale Road, London NW1 1TR
Phone 020 7255 4700 • Fax 020 7383 5561

StudentServices@wmcollege.ac.uk • www.wmcollege.ac.uk



STUDENT REFERENCE NUMBER:

PLEASE READ THE 2009-10 PROSPECTUS BEFORE YOU COMPLETE THIS ENROLMENT FORM

The prospectus has course listings + information on enrolment, what to pay and conditions. Student Services can help.

1. PERSONAL DETAILS

Have you enrolled with us before? No Yes which year _____

FAMILY NAME:																				
FIRST NAME:																				

Male:		Female:		DATE OF BIRTH	dd	mm	yy
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YOUR CONTACT DETAILS
so we can keep you informed of courses/changes

ADDRESS:	_____	Day Phone	_____
	_____	Evening phone	_____
	_____	Mobile phone	_____
POSTCODE	_____	Email	_____@_____
		Emergency	_____

COUNTRY OF DOMICILE: In which country have you been resident for the last three years?

Date of Entry into the UK (if you have lived less than 3 years in the UK)

dd	mm	yy
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UK Other please specify _____ Asylum Seeker Refugee

2. LEARNING PROGRAMME

Your course may require advice & guidance or personal interview. Check the the course description on the website or at Student Services.

COURSE CODE	COURSE TITLE	Start Date	Adviser's Initials if advice required
1			
2			
3			
4			

For students on NVQ and Access programmes : Please tick the box if this is your first full Level 2 or full Level 3 programme

3. IF YOU ARE CLAIMING CONCESSIONARY FEES

Please note: enrolments may not be accepted if you do not provide current evidence (see prospectus or ask our staff) of concessionary fee entitlement. If you are not paying course fees and would like help with the exam fees please tick here. Please tick concessionary fee category that applies to you.

- | | |
|---|---|
| 15 <input type="checkbox"/> Unemployed, receiving contribution based JSA (under 16 hrs study a week) | 14 <input type="checkbox"/> Asylum Seeker; eligible for LSC funding and getting income-based benefit/ assistance (under 1999 IAA) or their dependant ** |
| 04 <input type="checkbox"/> Income based benefit recipient: <input type="checkbox"/> Council Tax Benefit <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Income Support <input type="checkbox"/> JSA income based <input type="checkbox"/> Income related ESA | 01 <input type="checkbox"/> 16-18 years old |
| 21 <input type="checkbox"/> Working Tax Credit recipient, or partner of one | 09 <input type="checkbox"/> Adult on Maths or English Essential Skills (for those courses only) |
| 23 <input type="checkbox"/> Pension Credit (Credit Guarantee only) recipient | 22 <input type="checkbox"/> Studying for first full Level 2 Qualification ** |
| 08 <input type="checkbox"/> Unwaged Dependant (as defined by Jobcentre Plus) of those listed above | 24 <input type="checkbox"/> 19-25 years old and studying for first full Level 3 Qualification ** |
- ** Student Services will advise you on eligibility for these conditions - and on any other query you have

4. WHO IS PAYING YOUR FEES?

1 Yourself or a representative 5 Other (Please give details) _____

3 Employer **If so they MUST provide a letter on their headed notepaper confirming sponsorship of you. Please give their details:**

Employer Name _____ Phone _____ Contact Name _____

Employer Address _____ Postcode _____

5. HOW TO MAKE YOUR PAYMENT

BY CREDIT/DEBIT CARD

I authorise WMC to debit my Mastercard/Visa/Switch/Delta/Solo card No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name on Card _____ & Address if not person enrolling _____

Valid From Date _____ Expiry Date _____ Switch Card Issue No _____ Amount £ _____ Signature _____

BY CHEQUE

I enclose a signed cheque payable to 'Working Men's College' and crossed 'A/c payee only' for the Amount £ _____

6. DISABILITY AND ADDITIONAL LEARNER SUPPORT

We want to give you all the support you may need on your course. If you need any help with this section, please ask.

Do you need additional support and/or extra help with your learning? No ⁹⁸ Yes ⁴⁰

Do you consider yourself to be disabled? If you do, please tick below each box that applies to you:

- | | | |
|---|---|---|
| D01 <input type="checkbox"/> Visual impairment, eg difficulty seeing | D06 <input type="checkbox"/> Emotional or behavioural difficulties | L01 <input type="checkbox"/> Moderate learning difficulty |
| D02 <input type="checkbox"/> Hearing impairment, eg difficulty hearing | D07 <input type="checkbox"/> Mental ill health, e.g. depression, schizophrenia, anxiety | L02 <input type="checkbox"/> Severe learning difficulty |
| D03 <input type="checkbox"/> Disability affecting your mobility | D08 <input type="checkbox"/> Temporary disability, eg broken bone | L03 <input type="checkbox"/> Dyslexia |
| D03 <input type="checkbox"/> Wheelchair user | D09 <input type="checkbox"/> Profound or complex disability | L04 <input type="checkbox"/> Dyscalculia |
| D04 <input type="checkbox"/> Other physical disability | D010 <input type="checkbox"/> Asperger's Syndrome | L06 <input type="checkbox"/> Autism |
| D05 <input type="checkbox"/> Other medical condition, e.g. asthma, epilepsy, diabetes | | L05 <input type="checkbox"/> Other learning difficulty |

Please tell us here if you need specific help: e.g. hearing loop, large print, audio recordings

This information is confidential, but we may be able to help you better if we can tell your tutor. If you agree, please tick here

7. DIVERSITY MONITORING

Please tick the ethnicity box, which describes you.

- | | | |
|---|---|---|
| 11 <input type="checkbox"/> Asian or Asian British – Bangladeshi | 17 <input type="checkbox"/> Black or Black British – Other Black background | 23 <input type="checkbox"/> White – British |
| 12 <input type="checkbox"/> Asian or Asian British – Indian | 18 <input type="checkbox"/> Chinese | 24 <input type="checkbox"/> White – Irish |
| 13 <input type="checkbox"/> Asian or Asian British – Pakistani | 19 <input type="checkbox"/> Mixed – White and Asian | 25 <input type="checkbox"/> White – Other/White Background |
| 14 <input type="checkbox"/> Asian or Asian British – Other Asian background | 20 <input type="checkbox"/> Mixed – White and Black African | 98 <input type="checkbox"/> Any Other - please specify: _____ |
| 15 <input type="checkbox"/> Black or Black British – African | 21 <input type="checkbox"/> Mixed – White and Black Caribbean | |
| 16 <input type="checkbox"/> Black or Black British – Caribbean | 22 <input type="checkbox"/> Mixed – Other Mixed Background | |

8. PREVIOUS QUALIFICATIONS *It is important to complete this section*

Please tick the box / Level which is opposite your highest vocational or academic qualification.

Level	Example qualifications equivalent to that Level
09 <input type="checkbox"/> Entry Level	Word power / Number power
01 <input type="checkbox"/> Level 1	GCSE or O level, fewer than 5 grades A to C / Grades D to G; CSE below grade I; I AS Level
02 <input type="checkbox"/> Level 2	GCSE or O Level, 5 or more grades at A to C; I A Level, 2 or 3 AS Levels
03 <input type="checkbox"/> Level 3	2 or more A Levels; 4 or more AS Levels
04 <input type="checkbox"/> Level 4	First Degree; teaching qualifications
05 <input type="checkbox"/> Level 5	Higher Degree (MA, MSc, PhD etc); Other high level professional qualifications
97 <input type="checkbox"/> Other	Other qualifications, eg overseas or vocational qualifications. (Please discuss with Student Services)
99 <input type="checkbox"/> None	No qualifications

9. HOW DID YOU HEAR ABOUT US?

- | | | |
|---|---|---|
| 00 <input type="checkbox"/> I have enrolled with WMC before | 04 <input type="checkbox"/> Word of mouth | 07 <input type="checkbox"/> Newspaper advert - please specify _____ |
| 01 <input type="checkbox"/> WMC Prospectus | 05 <input type="checkbox"/> Hotcourses Magazine | 08 <input type="checkbox"/> Floodlight Magazine |
| 02 <input type="checkbox"/> WMC Leaflet delivery | 06 <input type="checkbox"/> Hotcourses website | 09 <input type="checkbox"/> Other - please specify _____ |
| 03 <input type="checkbox"/> WMC Website | | |



10. ADDITIONAL INFORMATION REQUIRED FOR EUROPEAN SOCIAL FUNDING 2009-2010

YOU MUST COMPLETE THIS SECTION UNLESS YOU ARE RETIRED

This activity has been directly or indirectly part-financed by the European Union through the European Social Fund, helping to develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources.

1. Your employment status (A66)

- Employed 01
- Full time education or training 02
- Self employed 03
- Unemployed (complete sections 2 & 3) 04
- Economically inactive* 06

* Economically inactive means you are of working age & not employed & not self employed & not in full time education & not actively seeking work

2. Reasons for unemployment (L37)

- 01 Through redundancy
- 02 For reasons other than redundancy
- 03 Reason unknown/not provided
- 04
- 05

3. Length of your unemployment (A67)

- 01 Less than 6 months
- 02 6-11 months
- 03 12-23 months
- 04 24-35 months
- 05 Over 36 months

11. DATA PROTECTION STATEMENT



Leading learning and skills

Data Protection Act 1998 – The information you provide on this form will be passed to the Learning and Skills Council (LSC). LSC is responsible for funding and planning education & training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include, the Department for Innovation, Universities & Skills, the Department for Children, Schools & Families, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of LSC or its partners. LSC is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and what they do, may be found by following the links to data protection on the website <http://www.lsc.gov.uk/National/Partners/Data/>.

At no time will your personal information be passed to organisations for marketing or sales purposes.

However from time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

Tick this box if you do NOT wish to be contacted by the LSC or its partners in respect of surveys and research. 0A

The LSC values your views on the education or training you receive & will use these to help bring about improvements for learners in England. Therefore the LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you.

Tick this box if you do NOT wish to be contacted about courses or learning opportunities by post. 0B

12. LEARNING AGREEMENT AND DECLARATIONS

I have read the above Data Protection Statement.

I agree to WMC processing personal data contained in this form, or other data, which WMC may obtain from me or other people whilst I am a student.

I agree to the processing of such data for purposes connected with my studies, health & safety whilst on the premises, the claiming of funding, marketing or other legitimate reasons.

I understand the college accepts no responsibility for safekeeping of student property, including bicycles, in or around the college premises.

I agree to abide by WMC's current & future rules & policies, including refund and transfer policies and WMC's courtesy code - as mentioned or available in the student handbook, prospectus, enrolment information, Student Services, notices, student newsletters or information and requests from WMC teachers/staff.

I have received appropriate advice and guidance to help me find the right course. I have also had basic information about the course aims, length and timetable.

I understand I will receive further advice through the induction process, and that additional support may be available from Student Services or my teacher:

Signature of Student: _____	Date _____
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The student has been provided with information and appropriate advice and guidance about their learning programme, and has been notified how further advice and guidance can be obtained from Student Services and from their teacher:

I have seen the evidence required in order to satisfy me that the student is entitled to public funding

Signature of Staff: _____	Date _____
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FOR OFFICE USE ONLY

Data Loaded: Name _____ Date _____

Quality Checked: Name _____ Date _____

Help us build the future

Working Men's College

The College for Women and Men

£1,000,000 Appeal

We want to continue our 150 year tradition of quality education for another 150 years.

Can you help by making a donation to this Appeal?

Please Gift Aid your donation so that for every £1 you give, the Inland Revenue gives us an extra 28p
Turning your £10 donation into £12.80 makes a real difference and it doesn't cost you any more.

If you would like to make a regular standing order donation, please ask for our Gift Aid leaflet.

To make a one-off donation by cash/cheque/card please complete form overleaf
Remember to complete the Gift Aid section.

Then hand your form with your donation or card details to our Student Services staff.

Or post your form with a cheque or your card details to our FREEPOST ADDRESS:



Tel: 020 7255 4700
Fax: 020 7383 5561
info@wmcollege.ac.uk
www.wmcollege.ac.uk
Registered Charity No. 312803

Working Men's College
FREEPOST Licence No LON 12113
London NW1 1YU

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If you want your donation to go further *giftaid it*

Complete this form to make a one off donation

First name _____
Family name _____
Address _____

Post code _____
Telephone _____
email _____

My donation
I enclose a cash/cheque donation of £ _____
(Please make cheques payable to "WMC 150 year appeal")
OR
I am making a credit/debit card donation of £ _____
(Please complete the Credit or Debit Card Details section on this form)

I want my above donation to be Gift Aid
To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year.
I am a UK tax payer and would like WMC 150 year appeal to claim back the tax on this donation and earlier donations from 6th April 2000

Signature
Date

And complete this section for credit or debit card donations

Credit or Debit Card Details
Please complete all sections and sign below as well as above if gift aiding

I authorise WMC to debit my Mastercard/Visa/Switch/Delta/Solo

Card No.

Valid from _____ Expiry date _____ Switch Card Issue No. _____


Name on Card _____

AMOUNT £ _____

Signature _____ Date _____

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Now please hand your Donation and Gift Aid Form (with cash, cheque or completed credit/debit card section) to Enrolment/ Reception, or send without a stamp to our freepost address:

 The Working Men's College
FREEPOST: Licence No: LON12113
The Working Men's College
44 Crowndale Road
London NW1 1YU