



Student Enrolment Form

Personal Details

First Name:

Surname:

Street Address:

P/Code:

Home Number:

Mobile Number:

Email:

Date of Birth:

Gender:

Female / Male (please circle)

Language mainly spoken at home?

Do you require assistance with English? Yes No

Do you consider yourself to have a disability, impairment or long term condition? Yes No

If Yes, please tick below (please note, all information provided will be treated confidentially):

Vision

Intellectual

Learning

Hearing

Medical

Physical

Mental Illness

Other (please specify):

If Yes, is assistance required with your studies? Yes No

Course Details

Course Name:

Course Code:

I would like to apply for **Recognition of Prior Learning / Recognition of Current Competency** and / or **Credit Transfer** for this course: Yes No (if Yes, you will be sent an additional application form).

Method of Training: Classroom (see below) Workplace Distance Education

Preferred Class: Daytime Class Please circle day/s: Mon / Tue / Wed / Thurs

Evening Class

Invoice Details

Please invoice: Myself My Employer (see below)

I would like to apply for a Direct Debit Request: Yes No

Company Name:

Address:

PCode:

Contact Person:

Phone #:

