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SEVTA

Enrolment Form

Please, kindly print this form, complete and sign it then send it to us by post.

Details enclosed below will be held in our computerized records and in keeping with the data protection act of 1984. These records are highly confidential and accessible only to authorized staff. They are available to you for viewing at any time, subject to prior notice.

Section 1: PERSONAL DETAILS	
First Name:	Surname:
Middle Name:	Preferred Title: Mr [] Mrs [] Ms [] Miss []
Date of Birth:	Gender: Male [] Female: []
Home Address:	
Post Code:	
Tel: _____ Mobile: _____ e-mail: _____	
National Insurance Number: _____	
Passport No _____ Visa issue date _____ Expiry Date _____	
EMERGENCY CONTACT (please fill in the name and contact details of the person to be contacted in case of emergency – this information will only be used if necessary)	
First Name:	Surname:
Preferred Title: Mr [] Mrs [] Ms [] Miss []	
Relationship to you:	Tel:
Section 2: COURSE DETAILS	
What course are you enrolling for? (Please tick the correct box)	
National Vocational Qualifications	
Health and Social Care NVQ 2 []	NVQ 2 for IT users []
Health and Social Care (Adults) NVQ 3 []	NVQ 3 for IT users []
Health and Social Care NVQ 4 []	NVQ 2 in Team Leading []
NVQ 4 Leadership & Management []	NVQ 3 in Team Leading []
CCLD Level 2 []	
CCLD Level 3 []	
A1 Award or V1 []	
ULN: _____	

Section 3: ADDITIONAL SUPPORT (disclosure of a disability or learning difficulties is to enable us to assess any additional support needs)

We want to ensure that you are able to participate as fully as possible in your chosen programme of study. In order to help us to provide support, kindly tick the boxes below that are relevant to your situation.

- Visual impairment
- Hearing impairment
- Disability affecting mobility
- Moderate learning difficulties
- Not applicable
- Learning difficulties
- Dyslexia
- Other physical disability _____
- Other learning disability _____

Section 4: ETHNICITY

Please indicate the ethnic group to which you belong by ticking the appropriate box

- White British
- Afro-Caribbean
- Asian
- White Irish
- African
- Asian British
- White Other
- UK Black
- Other, Please state _____

Please state:

Nationality: _____ Country of birth: _____

Section 5: EDUCATIONAL DETAILS

Please give details of all relevant training recently undertaken including the name and address of the last school or college you attended, including any outside the UK.

Name of school or college	Subjects taken	Qualifications obtained

Section 6: EMPLOYMENT STATUS (For Home Students only)

The NVQ Programme is a work-based qualification therefore it will be necessary, during the course of your programme for your assessor to visit you at your place of work, in order to carry out direct observations. SEVTA will require the permission of your manager/employer in order to carry out these observations.

Are you currently employed Yes [] No []

If yes, how long for?

Will your employer pay your course fee? Yes [] No [] If 'yes', kindly provide a letter of confirmation when you enrol.

If 'no', do you have the support of your manager/employer to undertake this course? Yes [] No []

Name of your employer organisation

Address of employer organisation

Contact Person (line manager/manager)

Tel:

Please note that we will only contact your employer to inform them of your assessment dates. If you prefer that we do not contact your manager or employing organisation, please tick here []

Section 7: REFERENCE

For all full-time courses or courses of 15 hours per week or more and for some professional part-time courses, we require a reference. If a reference is required for the course, you will be supplied with a reference form to pass on to the person supplying the reference.

Please give details below of the person from whom you will be requesting the reference. We do not accept references from friends and or family members.

First name and Surname: _____

Address: _____

_____ Post Code: _____

Relationship to you? _____

Section 8: STATUS – All relevant sections must be completed**Residency Status**

Have you lived in the UK or European Union for the last three years? Yes [] No [] if no, which country were you living in? _____ and for how long? _____

What date did you come to the UK/EU _____

Immigration Status

Are you an asylum seeker? Yes [] No [] Are you a refugee? Yes [] No []

Do you have 'leave to remain' or 'leave to enter the UK or 'Right of Abode'? Yes [] No []

Visa Status

Are you here with a Visa? Yes [] No [] if Yes, what type of Visa? _____

When and where was your Visa issued? _____

When does your Visa expire? _____

YOU MUST BRING YOUR VISA WHEN YOU COME TO ENROL WITH US.

Section 9: SIGNED DECLARATION

- I understand and accept that SEVTA reserves the right to close or to combine one class with another
- I undertake to pay the assessed fees and any additional costs connected with the courses for which I have enrolled.
- I understand that I will remain liable for the full amount of these fees and charges unless they are paid for by a sponsor who had given written acknowledgment to pay the said fees and charges on my behalf.
- I have read the student's code of conduct and learners' information and understand and agree to abide by its content.
- I declare that the information given above is true in every respect and that I have not withheld any information which may prejudice my enrolment.

Signature: _____ Date: _____

Section 9: FOR OFFICIAL USE ONLY – NOT TO BE COMPLETED BY THE STUDENT

APPLICATION PROCEDURES TRACKING

Application received on: _____ Processed by: _____
Reference received on: _____ Offer letter sent: _____
Interview date: _____ Interviewed by: _____
Enrolment letter sent on: _____ Programme enrolled on: _____
Course tutor/assessor assigned: _____ Photo attached Yes No

FEE ASSESSMENT

Students finance department to tick as appropriate

Status

Home student - (nil to pay) state why: _____

Home student - eligible for funding

Home student – not eligible for funding

Overseas student – not eligible for funding

Sponsored/employer paying

Other Please state: _____

INSTALMENT PLAN

Was the student given a payment plan? Yes No

Has the student submitted their payment plan? Yes No if no, why not _____

METHOD AND CONFIRMATION OF ENROLMENT

Please tick the appropriate box

The student has been informed:

In person

By post

By Telephone

By email

SUPPORTING EVIDENCE

Name

Original Passport (with Visa's) or birth certificate	
National Insurance Card	
Proof of address	