

Date Received:

College Person Code:

Please complete all sections of this form in CAPITAL LETTERS

DIRECT ENROLMENT FORM

PERSONAL DETAILS (please use your full legal name)

Surname:

Title:

Age:

Normal country of residence

Forename(s):

Date of Birth:

How long have you lived in the EEA:

Middle Name:

Home Tel:

If less than 3 years please give your previous country of residence:

Address:

Work Tel:

Unique Learner Number (ULN):

Mobile Tel:

Hometown/School when last in learning:

Postcode:

Email:

Surname when last in learning:

ETHNICITY - Please indicate your ethnic origin (by ticking the appropriate box)

☐ English / Welsh / Scottish / Northern Irish / British☐ White and Black Caribbean☐ Indian☐ African☐ Arab☐ Irish☐ White and Black African☐ Bangladeshi☐ Caribbean☐ Any other ethnic group☐ Gypsy or Irish Traveller☐ White and Asian☐ Pakistani☐ Any other Black / African / Caribbean background☐ Not known / not provided☐ Any other White background☐ Any other mixed / multiple ethnic background☐ Chinese☐ Any other Asian background

EMPLOYMENT STATUS - Please tick all boxes that apply

☐ Employed☐ Self-Employed☐ Unemployed☐ Looking for work☐ Not looking for workIf employed, how many hours do you work a week? If employed, how long have you been in employment in this role? If unemployed, for how many months?

YOUR LEARNING SUPPORT NEEDS

Do you have a disability, medical condition or health issue (eg visual impairment, hearing difficulty, mobility difficulty, epilepsy) or a learning difficulty (eg dyslexia)?

☐ Yes☐ No

If yes, we will contact you to discuss your support requirements. Any information that you provide will be kept confidential and will not be passed to anyone without your prior consent.

QUALIFICATIONS - You may be required to provide evidence of your qualifications at induction

Please indicate the level and name of the highest qualification you have achieved:

FEE REDUCTIONS

If you are in receipt of any of the following income based benefits you may be eligible for a fee reduction. Evidence that you are in receipt of the benefit will be required at enrolment in order to qualify for the fee reduction along with full payment of the remaining fees. Please indicate which benefit by ticking the relevant box(es).

☐ Job Seekers' Allowance☐ Universal Credit☐ Employment Support Allowance (WRAG)

Your National Insurance Number

SPONSORED STUDENT - Are you a Sponsored Student?

☐ Yes☐ No

If yes, please ensure that your sponsor has completed a sponsor form to be submitted to Student Records with this enrolment form.

COURSE DETAILS (if you have any doubts about your eligibility for your course please contact Student Records on 01243 812223 for Brinsbury or Chichester campuses and 01293 442344 for Crawley campus)

COURSE 1

Course Title: _____ Start Date: _____
Course Code: _____ Campus: _____ End Date: _____
Duration: _____ Preferred Time: _____ Course Fees: _____

COURSE 2

Course Title: _____ Start Date: _____
Course Code: _____ Campus: _____ End Date: _____
Duration: _____ Preferred Time: _____ Course Fees: _____

COURSE 3

Course Title: _____ Start Date: _____
Course Code: _____ Campus: _____ End Date: _____
Duration: _____ Preferred Time: _____ Course Fees: _____

HOW WE USE YOUR INFORMATION

The information provided on this form may be used by Chichester College Group for any matter related to the chosen programme of study and to comply with the requirements of various government agencies, the analysis of statistics and, where permission is granted, for marketing and research purposes which may be carried out by the College or by organisations employed by it to undertake such work. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information will be securely destroyed after it is no longer required for these purposes. Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation. For more information about how your information is processed, and to access your Personal Learning Record, please refer to:

<https://www.gov.uk/government/publications/esfa-privacy-notice>
<https://www.gov.uk/government/publications/lrs-privacy-notice>

Signed: _____

Date: _____

FOR OFFICE USE ONLY

Name: _____

Total Fee: _____

Remission: _____

Receipt Number: _____

Fee Due: _____

Date: _____

Paid: _____

Sponsor Ref: _____

Verification type evidenced: _____

MARKETING PREFERENCES

Please tick the box(es) that correspond to your preferred method of contact:

☐ By Post ☐ By Telephone ☐ By Email ☐ Tick this box if you wish to be contacted in respect of surveys and research ☐ Tick this box if you wish to be contacted about courses and learning opportunities

PAYMENT DETAILS

Note: No refunds are given for courses shorter than one term, or for longer courses if you leave after one month from commencement.

Please indicate your chosen method of payment: ☐ Cheque ☐ MasterCard / Visa / Switch ☐ Cash or Electron Card

Payments can be made in person at college, or you can send a cheque payable to Chichester College Group. Please do not send cash by post, hand in with this form at the Student Centre at either campus. If you wish to pay by Credit or Debit card please pay in person at the Student Centre or you can call Brinsbury/Chichester campus on 01243 786321 or Crawley campus on 01293 442344 and make a payment by phone.

FOR OFFICE USE ONLY

Security: This section will be removed and destroyed after processing

Name and Address of Cardholder:
(if different from above)

Name: _____
Address: _____

Card Number: _____ Issue Number: _____ Amount: _____
Card Expiry Date: _____ 3-digit Security Code: _____

TERMS AND CONDITIONS

These terms and conditions govern all aspects of our CCG Training provision. We strongly recommend that you read these terms and conditions in full before committing to enrolling on the course. By enrolling on a course you are agreeing to all our terms and conditions as listed below.

Eligibility

It is the responsibility of the learner to ensure that they have fulfilled and meet all the eligibility requirements prior to undertaking the course.

Bookings

All bookings are provisional until the enrolment form has been received by the college and payment has been made in full. These can be submitted online, returned electronically via email train@ccgtraining.ac.uk. If a learner is being sponsored by their employer a sponsor form must be completed and returned with the enrolment form.

Payment Terms

All courses must be paid for prior to the start date of the course. Payment can be made over the phone by credit/debit card, by cash or cheque or BACS transfer. For learners being sponsored by their employer, an invoice will be generated and emailed. It is expected that all payments will be made before the start date of a course in accordance with the payment terms agreed at the time of sale.

Cancellations and Refunds

In the unlikely event that a session has to be cancelled, it may be necessary to offer an alternative date. If we need to cancel your course, notification will be given as soon as possible, offering a suitable alternative date or refund. We cannot be held responsible for cancelling your booking because of a failure to comply with any requirement of our booking terms or be held liable for any expenses, costs or losses incurred through cancellation of your course.

We understand that circumstances can change, however we do operate a strict cancellation and refund policy as summarised below.

Cancellation Notice Period and Refund Charges

Time Period	Refund
10 working days or more	100% of course fee - £25 admin fee
9 working days or less	0% of course fee
Non-Attendance	0% of course fee

At our discretion, we may consider a cancellation on medical or compassionate circumstances (proof of which may be required). All refunds agreed will be paid in accordance with our 30 days' payment terms. Any cancellation should be directed to the Professional Programme Co-ordinator.

Changes to Bookings

Requests to change course date, change of attendee or change of course can be requested at any time subject to availability. All changes requested up to 10 days before the start of the assessment will attract no charges. However, all changes requested less than 10 days before the start date will attract a £25 admin charge.

Late Bookings

A 'late booking' is deemed as an assessment booked less than 5 working days before the start date. If a booking is confirmed within this timeframe the cancellation notice still applies.

Course Disclaimer

If at any point during the delivery of your course, it is proven that your eligibility was based on false information provided, you will not be reimbursed any payments made and you will not be able to complete the course.

Certificates

On successful completion of your qualification, your certificate will be sent to you directly from the college to the address you provided at the time of booking. Certificates are sent by recorded delivery.

Exam Resits

Resit examinations will be charged at the current rate. A quotation is available upon request.

Data

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www.gov.uk/government/publications/lrs-privacy-notices