

OFFICE USE ONLY									
Date Received: _____									
<input type="checkbox"/> Copy sent to Disability Officer									

ENROLMENT FORM

Please complete this form in **BLOCK CAPITALS** and return, with the appropriate fee, to the above address. Cheques should be made payable to "Aberystwyth University". The concession fee is only available to full-time students and those in receipt of state benefits. If you require a receipt please enclose a SAE. In order to ensure continued funding of courses, the University is required to gather the information marked by an * and return it to the Higher Education Statistical Agency (HESA) for use in statistical analysis. HESA is registered under the Data Protection Act (number N0291011).

A: TO BE COMPLETED BY ALL STUDENTS	
Title (Ms/Mr):	*Surname:
*Full Forename(s):	
Permanent Home Address:	Daytime Tel No:
	Evening Tel No:
	*Date of Birth (dd mm yyyy):
	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Postcode:	Occupation (please state if retired or unemployed):
Email:	*Nationality:
*Highest Previous Qualification: <input type="checkbox"/> None <input type="checkbox"/> GCSE / O Levels <input type="checkbox"/> A / AS Levels <input type="checkbox"/> Welsh Baccalaureate, please state level: _____	
<input type="checkbox"/> HNC <input type="checkbox"/> HND <input type="checkbox"/> NVQ, please state level: _____	
<input type="checkbox"/> Vocational Qualification, please state level: _____	
<input type="checkbox"/> First Degree* <input type="checkbox"/> First Degree with Honours <input type="checkbox"/> Masters <input type="checkbox"/> PGCE <input type="checkbox"/> Doctorate* * Please state whether from UK or non-UK institution:	
<input type="checkbox"/> Other (details): _____	
Have you ever studied a higher education course lasting 6 months or more (above A level or equivalent) in the UK before? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Tick one of the boxes below to indicate a more specific national identity: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Unknown <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	
*Tick one of the boxes below to indicate your ethnic origin. <input type="checkbox"/> White <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Other Black Background <input type="checkbox"/> Chinese <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Other Asian background <input type="checkbox"/> Arab <input type="checkbox"/> Gypsy or Traveller <input type="checkbox"/> Other Ethnic background <input type="checkbox"/> Mixed - White & Black Caribbean <input type="checkbox"/> Mixed - White & Black African <input type="checkbox"/> Mixed - White & Asian <input type="checkbox"/> Other Mixed background <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not Known	
*Are you a Welsh speaker? Please tick the appropriate box: <input type="checkbox"/> Fluent <input type="checkbox"/> Not fluent <input type="checkbox"/> Not a Welsh speaker <input type="checkbox"/> Prefer not to say	
Do you have a criminal conviction which will be unspent at the time of your admission to the University? <input type="checkbox"/> YES <input type="checkbox"/> NO You should not include any motoring offence for which the penalty was no greater than a fine and/or three penalty points. If you tick the 'Yes' box, the University may ask you for further details. If you do not tick either box, your form will be returned for completion. Please note that if you are convicted of a criminal offence while your application is being processed, you should notify the Director of the School of Education and Lifelong Learning immediately.	

B: COURSES			
COURSE CODE	COURSE TITLE	START DATE	FEE PAID
I am paying the following fee rate (please delete as appropriate): FULL / CONCESSION / EARLY BIRD			
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Card	TOTAL FEE ENCLOSED:
Is your employer paying your fees? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is your employer releasing you for the course? <input type="checkbox"/> YES <input type="checkbox"/> NO	

C: TO BE COMPLETED IF RELEVANT TO YOU			
If you wish to disclose a disability, please indicate below:			
<input type="checkbox"/> Dyslexic	<input type="checkbox"/> Impaired hearing / Deaf	<input type="checkbox"/> Personal care needs	<input type="checkbox"/> Unseen disability (e.g. diabetes)
<input type="checkbox"/> Impaired vision / Blind	<input type="checkbox"/> Mobility problems	<input type="checkbox"/> Mental health difficulties	<input type="checkbox"/> Multiple disabilities
<input type="checkbox"/> Other disability			
<input type="checkbox"/> Autistic spectrum disorder			
If you require any adjustments to access your course as a consequence of a disability, contact Phyl Brake: (01970) 621 580 or learning@aber.ac.uk, to discuss your provision. It may be necessary to arrange an interview.			

D: DECLARATION – TO BE COMPLETED BY ALL STUDENTS	
All information you provide will be processed in accordance with the Data Protection Act 1998 and with the University's data processing declaration available via http://www.aber.ac.uk/en/infocompliance/dp/ . This information, including any sensitive information (e.g. relating to health, disabilities etc), will be retained in hard copy form and may also be recorded on the University's student database. Sensitive information will be made accessible to members of University staff on a need-to-know basis only.	
I agree to abide by the regulations of the University and to accept the jurisdiction of the Senate. Copies of the regulations are available from the office of the Registrar or http://www.aber.ac.uk/en/regulations/ . I confirm that the information given on this form is correct to the best of my knowledge. I have read and understood the declaration relating to the processing and retention of sensitive information on this form.	
Signature	Date.....
How did you hear about the course? <input type="checkbox"/> Learn for Life Brochure <input type="checkbox"/> Newspaper Advert <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> Course Leaflet <input type="checkbox"/> Tutor <input type="checkbox"/> Radio <input type="checkbox"/> Facebook	
<input type="checkbox"/> Course Venue <input type="checkbox"/> Email <input type="checkbox"/> Poster <input type="checkbox"/> Letter <input type="checkbox"/> Other, please specify: _____	

OFFICE USE ONLY:	Paid:	Processed:
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