



# WEST BANN DEVELOPMENT

## Adult Registration Form 2023



### COURSE DETAILS

Course Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Course Code: \_\_\_\_\_

West Bann Development collects personal information when you register for a place on our courses and activities. All information is treated as strictly confidential. You may refrain from answering any questions you do not wish to. From time to time we use the data collected to improve our services. For more details on how we use your information please see our privacy policy

### PERSONAL DETAILS

Title: \_\_\_\_\_ Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other: Please specify \_\_\_\_\_

Age:  16-20  21-30  31-40  41-50  51-60  61-65  66+

Address:	Telephone Numbers: Home: _____
	Mobile: _____
Postcode:	E-mail Address: _____

### FEE DETAILS

Fee Type (Please Indicate):  Full Fee  Reduced Fee Tuition Fee Payable: £ \_\_\_\_\_ Payment Method:  Cash  Cheque  Card

Indicate below if requesting a reduction from the standard rate of tuition. Please bring evidence when enrolling (i.e. a letter dated within the last 3 months confirming that you receive a benefit listed below, or an official letter/bill addressed to you as proof you are a resident of the Heights/Killowen area)

- Resident of Heights/Killowen  Working Tax Credit  Single Income (Working 16-29 hrs) -  Income Support
- Job Seekers Allowance (Income Based)  Pension Credit
- Income Based Employment Support Allowance  Long Term Incapacity Benefit

### EMPLOYMENT STATUS

Please indicate your current employment status

- Employed  
 Self Employed  
 Unemployed  
 Full Time Education  
 Unemployed and not seeking Employment

### HEALTH STATUS

Please state any medical details we should be aware of in the event of an emergency (Diabetes, epilepsy etc)

\_\_\_\_\_

Please provide details of someone we could contact in the event of an emergency

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

### EDUCATION/QUALIFICATIONS

Please indicate the highest qualification which you have attained:

- GCSE or equivalent (Grades A-C) - State Number: \_\_\_\_\_  GCSE or equivalent (Grades D-G) - State Number: \_\_\_\_\_
- GCE 'AS' Level - State Number: \_\_\_\_\_  GCE 'A' Level - State Number: \_\_\_\_\_
- NVQ - Please Indicate Level: \_\_\_\_\_  First Degree
- Higher Degree  Other (Please Specify) \_\_\_\_\_

#### Refunds Policy:

Refunds will not be provided after the start date of any course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Cash  Cheque  Card Receipt No: \_\_\_\_\_

Received By: \_\_\_\_\_ Place Secured: \_\_\_\_\_

### EQUAL OPPORTUNITIES

Please complete the following sections. This information is necessary as part of our monitoring responsibilities and to measure our progress towards widening the diversity of our users. The information that you provide will be used for statistical monitoring purposes, and released only to our funders through anonymous statistics. (Please note: this section will be separated from your enrolment from when we have recorded the information).

<b>DISABIL-</b> Do you consider yourself to be Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>COMMUNITY BACKGROUND</b> <input type="checkbox"/> Perceived Protestant <input type="checkbox"/> Perceived Roman Catholic <input type="checkbox"/> Other: _____	<b>MARITAL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married/Co-habiting <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed	<b>ETHNIC ORIGIN</b> <input type="checkbox"/> White <input type="checkbox"/> Traveller <input type="checkbox"/> Chinese <input type="checkbox"/> Black/African Caribbean <input type="checkbox"/> Indian <input type="checkbox"/> Mixed Ethnic Group <input type="checkbox"/> Pakistani <input type="checkbox"/> Other: _____ <input type="checkbox"/> Asian	<b>DEPENDANTS</b> Number of Dependant Children: _____ Number of Dependant Adults: _____
---	--	---	---	---

# West Bann Development at The Hub

## PRIVACY NOTICE - GDPR

The personal information we ask for is needed for the Peace Impact Programme to carry out its work.

	<p>Your personal information will be held on paper and electronically.</p>
	<p>We will ensure your personal information is held securely.</p>
	<p>Your personal information will be securely destroyed or archived after a set period of time.</p>
	<p>We may share some of your information with other organisations if it benefits you.</p>
	<p>You or an authorised person can ask for a copy of the information we hold about you by writing to:</p> <p>PIP Admin          West Bann Development          8 Killowen Court          Coleraine          BT51 3TP</p>
<p>Signed</p>	
<p>Date</p>	<p>/ /</p>