



WEST BANN DEVELOPMENT

Adult Registration Form 2022



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).

DISABIL- Do you consider yourself to be Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMMUNITY BACKGROUND <input type="checkbox"/> Perceived Protestant <input type="checkbox"/> Perceived Roman Catholic <input type="checkbox"/> Other: _____	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married/Co-habiting <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed	ETHNIC ORIGIN <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	DEPENDANTS Number of Dependant Children: _____ Number of Dependant Adults: _____
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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>