



WEST BANN DEVELOPMENT Registration Form 2024

Please complete all sections using BLOCK Capitals

COURSE DETAILS

Course Title: _____ Start Date: _____ Finish Date: _____
Course Code: _____ Duration: _____ Day: _____ Time Slot: _____

PERSONAL DETAILS

Title: _____ Forenames: _____ Surname: _____
Date of Birth: _____ Gender: Male Female
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 (annual household income less than £16,000) Income Support
 Job Seekers Allowance (Income Based) Universal Credit (must provide a current letter/print out of latest UC statement. Proof of income also required. i.e.P60) Pension Credit
 Income Based Employment Support Allowance Rates relief/housing benefit

EMPLOYMENT STATUS

HEALTH STATUS

Please indicate your current employment status

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

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) _____

HOW DID YOU HEAR ABOUT WEST BANN DEVELOPMENT ?

- Coleraine Chronicle The Leader Posters Internet Word of Mouth
- Coleraine Times Used us Before West Bann Newsletter 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).

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