



WEST BANN DEVELOPMENT

Expression on Interest Form 2022

Please complete all sections using **BLOCK** Capitals. All information on this form will be treated as strictly confidential. However if there is any part of this form that you do not wish to fill in you are not obliged to do so.

ACTIVITY/COURSE DETAILS

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

FEE DETAILS

Fee Type (Please Indicate): Full Fee Reduced Fee Tuition Fee Payable: £ _____ Payment Method: Cash Cheque
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) - £11,048 Income Support
 Job Seekers Allowance (Income Based) Single Income (Working 30 hrs) - £12,980 Pension Credit
 Income Based Employment Support Allowance Joint Income (Working 30 hrs) - £17,787 Long Term Incapacity Benefit

CHILD 1 - DETAILS

Forenames: _____ Surname: _____ Gender: Male Female

Address:	PERCEIVED RELIGIOUS AFFILIATION	ETHNIC ORIGIN
Postcode:	<input type="checkbox"/> Catholic <input type="checkbox"/> Buddhist	<input type="checkbox"/> Chinese <input type="checkbox"/> Black/African Caribbean
	<input type="checkbox"/> Muslim <input type="checkbox"/> Hindu	<input type="checkbox"/> Indian <input type="checkbox"/> Mixed Ethnic Group
Date of Birth:	<input type="checkbox"/> Sikh <input type="checkbox"/> Jewish	<input type="checkbox"/> Pakistani <input type="checkbox"/> Other:
	<input type="checkbox"/> Baha'i <input type="checkbox"/> Jain	<input type="checkbox"/> Asian
	<input type="checkbox"/> Christian <input type="checkbox"/> Other: _____	

Is your child in nappies or toilet trained? In Nappies Toilet Trained Are you happy for a crèche assistant to change your child? Yes No

Does your child have any particular toileting needs? _____

Does your child have any Allergies or Medical Problems? (Please Specify) _____

Are you happy for your child to be given a snack whilst in our care? (A snack normally consists of a mix the following:- water, milk, fruit or toast). Yes No
If not what do you prefer your child to have at break time? _____

Does your child have any Special Needs? (Please Specify) _____

In the event of an accident would you be happy to allow trained crèche assistants to administer first aid? Yes No

Is there anything you would like to tell us to help your child settle in? _____

CHILD 2 - DETAILS

Forenames: _____ Surname: _____ Gender: Male Female

Address:	PERCEIVED RELIGIOUS AFFILIATION	ETHNIC ORIGIN
Postcode:	<input type="checkbox"/> Catholic <input type="checkbox"/> Buddhist	<input type="checkbox"/> Chinese <input type="checkbox"/> Black/African Caribbean
	<input type="checkbox"/> Muslim <input type="checkbox"/> Hindu	<input type="checkbox"/> Indian <input type="checkbox"/> Mixed Ethnic Group
Date of Birth:	<input type="checkbox"/> Sikh <input type="checkbox"/> Jewish	<input type="checkbox"/> Pakistani <input type="checkbox"/> Other:
	<input type="checkbox"/> Baha'i <input type="checkbox"/> Jain	<input type="checkbox"/> Asian
	<input type="checkbox"/> Christian <input type="checkbox"/> Other: _____	

Is your child in nappies or toilet trained? In Nappies Toilet Trained Are you happy for a crèche assistant to change your child? Yes No

Does your child have any particular toileting needs? _____

Does your child have any Allergies or Medical Problems? (Please Specify) _____

Are you happy for your child to be given a snack whilst in our care? (A snack normally consists of a mix the following:- water, milk, juice, fruit or toast). Yes No
If not what do you prefer your child to have at break time? _____

Does your child have any Special Needs? (Please Specify) _____

In the event of an accident would you be happy to allow trained crèche assistants to administer first aid? Yes No

Is there anything you would like to tell us to help your child settle in? _____

PARENT/GUARDIAN DETAILS

Title: _____ Forenames: _____ Surname: _____				
Date of Birth: _____ Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Child: _____				
Age: <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 66+				
Address:			Telephone Numbers: Home:	
			Mobile:	
Postcode:			E-mail Address:	
Employment Status <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed—Small Company (Less than 250 Employees) <input type="checkbox"/> Employed—Large Company (More than 250 Employees) <input type="checkbox"/> Full Time Education <input type="checkbox"/> School Leaver		Unemployed (Please Indicate Duration) <input type="checkbox"/> 0-6 Months <input type="checkbox"/> 6-11 Months <input type="checkbox"/> 12-23 Months <input type="checkbox"/> 24-35 Months <input type="checkbox"/> 36 + Months <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed and not seeking Employment		Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Other (Please Specify) _____
Please indicate the highest qualification which you have attained: <input type="checkbox"/> GCSE or equivalent (Grades A-C) - State Number: _____ <input type="checkbox"/> GCSE or equivalent (Grades D-G) - State Number: _____ <input type="checkbox"/> GCE 'AS' Level - State Number: _____ <input type="checkbox"/> GCE 'A' Level—State Number: _____ <input type="checkbox"/> NVQ - Please Indicate Level: _____ <input type="checkbox"/> First Degree <input type="checkbox"/> Higher Degree <input type="checkbox"/> Other (Please Specify) _____				
DISABILITY Do you consider yourself to be Disabled ? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMMUNITY BACKGROUND <input type="checkbox"/> Member of Protestant Community <input type="checkbox"/> Member of Roman Catholic Community <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: _____

OTHER PARENT/GUARDIAN DETAILS

Title: _____ Forenames: _____ Surname: _____				
Date of Birth: _____ Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Child: _____				
Age: <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 66+				
Address:			Telephone Numbers: Home:	
			Mobile:	
Postcode:			E-mail Address:	
Employment Status <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed—Small Company (Less than 250 Employees) <input type="checkbox"/> Employed—Large Company (More than 250 Employees) <input type="checkbox"/> Full Time Education <input type="checkbox"/> School Leaver		Unemployed (Please Indicate Duration) <input type="checkbox"/> 0-6 Months <input type="checkbox"/> 6-11 Months <input type="checkbox"/> 12-23 Months <input type="checkbox"/> 24-35 Months <input type="checkbox"/> 36 + Months <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed and not seeking Employment		Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Other (Please Specify) _____
Please indicate the highest qualification which you have attained: <input type="checkbox"/> GCSE or equivalent (Grades A-C) - State Number: _____ <input type="checkbox"/> GCSE or equivalent (Grades D-G) - State Number: _____ <input type="checkbox"/> GCE 'AS' Level - State Number: _____ <input type="checkbox"/> GCE 'A' Level—State Number: _____ <input type="checkbox"/> NVQ - Please Indicate Level: _____ <input type="checkbox"/> First Degree <input type="checkbox"/> Higher Degree <input type="checkbox"/> Other (Please Specify) _____				
DISABILITY Do you consider yourself to be Disabled ? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMMUNITY BACKGROUND <input type="checkbox"/> Member of Protestant Community <input type="checkbox"/> Member of Roman Catholic Community <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: _____

CONSENT TO USE PHOTOGRAPHIC CONTENT: From time to time West Bann Development may wish to use photographs or videos taken of your child for press releases or promotional purposes. Please tick to confirm if you give permission for these to be used on:	<input type="checkbox"/> Printed Material <input type="checkbox"/> Website
--	---

HOW DID YOU HEAR ABOUT WEST BANN DEVELOPMENT ?

<input type="checkbox"/> Coleraine Chronicle	<input type="checkbox"/> The Leader	<input type="checkbox"/> Coleraine Times	<input type="checkbox"/> Leaflets/Posters	<input type="checkbox"/> Internet	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Used us Before	<input type="checkbox"/> Referral (Please Specify): _____			<input type="checkbox"/> Other (Please Specify): _____	

Please Sign and Date below (Refunds Policy: Refunds will not be provided after the start date of any course)
Student Signature: _____ Date: _____

For Office Use Only
Date Received: _____ Amount Paid: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Receipt No. _____ Received By: _____ Place Secured: _____