

Course Enrolment Form

1ST FLOOR, PHOENIX HOUSE, 3 WHITE LODGE BUSINESS PARK, HALL ROAD, NORWICH
NORFOLK. NR4 6DG

Candidate Details:

Title: Mr. Mrs. Miss Ms. Other _____ Gender: Male Female

Surname: _____ Forname: _____

Date Of Birth: National Insurance Number:

Home Address: _____

Post Code _____ Contact Number: _____

Emergency Contact:

Title: Mr. Mrs. Miss Ms. Other _____

Surname: _____ Forname: _____

Relationship: _____

Home Address: _____

Post Code _____ Contact Number: _____

Your Choice Of Course

Course Code	Course Title	Start Date

Information to Assess Your Status

Nationality: e.g. Irish, English etc.... _____

Are you a permanent resident of the UK? Yes No How Many Years Resident _____
Date of Entry into the UK

Are There Any Restrictions On The Length of Stay within the UK? Yes No

Are you a refugee? Yes No Are you an Asylum Seeker? Yes No

Payment:

I enclose a crossed cheque/cash for £ .

My EMPLOYER has agreed to pay and has issued a cheque which is attached.

My EMPLOYER has agreed to pay the course fee and should be invoiced.

Employers Name / Address to be invoiced

Company Name _____

Contact Name: _____

Address: _____

Post Code: _____

Telephone Number:

If for any reason my employer refuses to pay the invoice I will be personally liable for the debt to CTS Ltd

Student Signature: _____

PO Number: _____

Email: _____

Ethnic origin

Asian/ Asian British	Black/ Black British	White
Bangladeshi <input type="checkbox"/>	African <input type="checkbox"/>	British <input type="checkbox"/>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Irish <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Other <input type="checkbox"/>	Not Known <input type="checkbox"/>	
Not Known <input type="checkbox"/>		

I do not wish to submit my Ethnic Origin

Mixed - Please tick two or more boxes

Learning Difficulties and Disabilities

Do you have any kind (Tick if Correct)

a) Disability e.g. Hearing Sight, Mobility

b) Learning Difficulties e.g Dyslexia

If you have selected any of the above please state:

Learner Agreement

I have received assessment and guidance to assist in my choice of learning programme
I am satisfied that I fully understand the requirements of the programme,
the entry requirements and that I have had the opportunity to receive advice about the
learning and financial support available to me.
I will observe The Learning Agreement.
I accept the responsibility for the payment of any fees due, and understand that the total
unpaid portion of 72wk course becomes payable should I leave the course prior to the end
date. *This is at the discretion of a Company Director*
I note that fees have been remitted: I will immediately notify CTS should my income based
benefit cease during the course.
I understand that if I do not attend the course for 3 consecutive weeks without contact with CTS,
it will be assumed that I no longer wish to attend and I will be removed from the course. If
I am removed from the course all fees paid to date are non refundable
Fees must be paid before Qualification /Certificate will be awarded.

Learner Signature: _____
date:

TO BE COMPLETED BY CTS STAFF MEMBER:
**Information, Advice and Guidance given at enrolment and
checked by:**
Staff Signature: _____
Staff Name: _____
Any variations from Standard Courses:

If main qualification aim is
basic skills please tick here:

Data Protection

CTS LTD are registered under the Data Protection Act 1998. The information you provide on this form may be passed to the Learning and Skills Council (the LSC). The LSC are responsible for funding and planning education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers, guidance, and statistical and research purposes. Other organisations with which we will share information include, the Department for Education and Skills, T2G, Higher Education Statistics Agency, Higher Education Funding Council for England, Education Institute and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC is also a co-financing organisation and uses European Social Funds from the EU to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. At no time will your personal information be passed to organisations for marketing or sales purposes.

All information that is no longer required will be shredded to avoid identity theft.

Please tick the appropriate box if you do not wish to be contacted regarding:

Research by the LSC or its partners

Relevant courses or learning opportunities by the LSC or its partners