CONFIDENTIAL

PRIFYSGOL ABERYSTWYTH UNIVERSITY

Dysgu Gydol Oes
Lifelong Learning

LIFELONG LEARNING ENROLMENT

P5, Campws Penglais Campus,
Aberystwyth, Ceredigion SY23 3UX

Tel: (01970) 621 580 Email: learning@aber.ac.uk
www.aber.ac.uk/en/lifelong-learning/

OFFICE USE ONLY

Date Received: _____

☐ Copy sent to Disability Officer

ENROLMENT FORM

Please complete this form in BLOCK CAPITALS and return, with the appropriate fee, to the above address. Cheques should be made payable to "Aberystwyth University". The concession fee is only available to full-time students and those in receipt of state benefits. If you require a receipt please enclose a SAE. In order to ensure continued funding of courses, the University is required to gather the information marked by an * and return it to the Higher Education Statistical Agency (HESA) for use in statistical analysis. HESA is registered under the Data Protection Act (number N0291011).

A: TO BE COMPLETED BY ALL STUDENTS

Title (Ms/Mr): | ***Surname:** | ***Full Forename(s):**

Permanent Home Address:
.....
.....
.....
***Postcode:** .....
Email: .....

Daytime Tel No:
Evening Tel No:
***Date of Birth** (dd | mm | yyyy): _____ | _____ | _____
***Gender:** ☐ Male ☐ Female
Occupation (please state if retired or unemployed):
***Nationality:**

***Highest Previous Qualification**: ☐ None ☐ GCSE / O Levels ☐ A / AS Levels ☐ Welsh Baccalaureate, please state level:
☐ HNC ☐ HND ☐ NVQ, please state level:
☐ Vocational Qualification, please state level:
☐ First Degree* ☐ Higher Degree* ☐ Doctorate* ☐ PGCE ☐ First Degree with Honours ☐ Masters * Please state whether from UK or non-UK institution:
☐ Other (details): _____

Have you ever studied a higher education course lasting 6 months or more (above A level or equivalent) in the UK before? ☐ **YES** ☐ **NO**

***Tick one of the boxes below to indicate a more specific national identity:**
☐ British ☐ Irish ☐ Scottish ☐ Unknown ☐ English ☐ Welsh ☐ Other ☐ Prefer not to say

***Tick one of the boxes below to indicate your ethnic origin.**
☐ White ☐ Black or Black British - Caribbean ☐ Black or Black British - African ☐ Other Black Background ☐ Prefer not to say ☐ Irish Traveller
☐ Chinese ☐ Asian or Asian British - Indian ☐ Asian or Asian British - Pakistani ☐ Asian or Asian British - Bangladeshi ☐ Other Asian background
☐ Mixed - White & Black Caribbean ☐ Mixed - White & Black African ☐ Mixed - White & Asian ☐ Other Mixed background ☐ Other Ethnic background

***Are you a Welsh speaker? Please tick the appropriate box**: ☐ Fluent ☐ Not fluent ☐ Not a Welsh speaker ☐ Prefer not to say

Do you have a criminal conviction which will be unspent at the time of your admission to the University? ☐ **YES** ☐ **NO**
You should not include any motoring offence for which the penalty was no greater than a fine and/or three penalty points. If you tick the 'Yes' box, the University may ask you for further details. If you do not tick either box, your form will be returned for completion. Please note that if you are convicted of a criminal offence while your application is being processed, you should notify the Director of the School of Education and Lifelong Learning immediately.

B: COURSES

COURSE CODE	COURSE TITLE	START DATE	FEE PAID

I am paying the following fee rate (please delete as appropriate): FULL / CONCESSION / EARLY BIRD

☐ Cash ☐ Cheque ☐ Card **TOTAL FEE ENCLOSED:** £0.00

Is your employer paying your fees? ☐ **YES** ☐ **NO** Is your employer releasing you for the course? ☐ **YES** ☐ **NO**

C: TO BE COMPLETED IF RELEVANT TO YOU

If you wish to disclose a disability, please indicate below:
☐ Dyslexic ☐ Impaired hearing / Deaf ☐ Personal care needs ☐ Unseen disability (e.g. diabetes) ☐ Other disability
☐ Impaired vision / Blind ☐ Mobility problems ☐ Mental health difficulties ☐ Multiple disabilities ☐ Autistic spectrum disorder

If you require any adjustments to access your course as a consequence of a disability, contact: (01970) 621 580 or learning@aber.ac.uk, to discuss your provision. It may be necessary to arrange an interview.

D: DECLARATION TO BE COMPLETED BY ALL STUDENTS

All information you provide will be processed in accordance with the Data Protection Act 1998 and with the University s data processing declaration available via http://www.aber.ac.uk/en/infocompliance/dp/. This information, including any sensitive information (e.g. relating to health, disabilities etc), will be retained in hard copy form and may also be recorded on the University s student database. Sensitive information will be made accessible to members of University staff on a need to know basis only.

I agree to abide by the regulations of the University and to accept the jurisdiction of the Senate. Copies of the regulations are available from the Academic and Quality Records Office or http://www.aber.ac.uk/en/regulations/. I confirm that the information given on this form is correct to the best of my knowledge. I have read and understood the declaration relating to the processing and retention of sensitive information on this form.

Signature ....
Date.....

Email submissions: ☐ Please place an 'X' in the box to confirm this agreement.

How did you hear about the course? ☐ Learn for Life Brochure ☐ Newspaper Advert ☐ Word of Mouth ☐ Website ☐ Course Leaflet ☐ Tutor ☐ Radio ☐ Facebook

☐ Course Venue ☐ Email ☐ Poster ☐ Letter ☐ Other, please specify: _____

OFFICE USE ONLY: Paid: Processed: