

Office Use Only

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Enrolment Form 2010

1. PERSONAL DETAILS FORM

DATA PROTECTION NOTICE: I declare that the information I have is correct. I am aware that Carbon Zero NI reserves the right to withdraw or cancel any course at any time. I understand the information provided by me will be handled in accordance with the Data Protection Act 1988 and appear in any Examination Certifications that may be awarded to me. I also agree to notify Carbon Zero NI of any changes to my personal details. The Carbon Zero NI adheres to the principles of Data Protection legislation.

Surname: _____ First Name(s): _____ Previous Name _____

Date of Birth: ____/____/____ Title: Mr/Mrs/Miss/Ms/Dr Other _____ (Please specify)

Address: _____

(Correspondence will go to this address)

Postcode: _____ Email: _____

Mobile No: _____ Home No: _____ Work No: _____

Next of Kin (IN CASE OF EMERGENCY)

Surname: _____ First Name(s): _____ Previous Name _____

Date of Birth: ____/____/____ Title: Mr/Mrs/Miss/Ms/Dr Other _____ (Please specify)

Address: _____

(Correspondence will go to this address)

Postcode: _____ Email: _____

Mobile No: _____ Home No: _____ Work No: _____

2. HOW DID YOU FIND OUT ABOUT THIS COURSE?

Family Friend College Staff Newspaper Advertisement
 Brochure Distribution Employer Careers Advice Other

3. LEARNING SUPPORT

The Carbon Zero NI welcomes applications from people with learning difficulties and/or disabilities. The definition of a disability in the Disability Discrimination Act 1995 is: 'A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.'

Do you think that you meet this definition of disability? Yes / No (Please circle)

Specific Learning Disability Wheelchair / Mobility Difficulty Unseen / Hidden Disability
 Blind /Partially Sighted Deaf / Hard of Hearing Mental Health Difficulty
 Autistic Spectrum Disorder Two or more of the above Other Disability, Special Need

/Aspergers's Syndrome

Do you require additional Learning Support because of a disability and/or Learning Difficulty Yes/No

(Please circle) If you circle 'yes' we will contact you to discuss your support requirements. Any information that you provide will be private and will not be passed to anyone without your consent.

4. MONITORING INFORMATION

The following information is requested by the Department of Employment and Learning to assist in Equal Opportunities Monitoring, and the compliance with Section 75 of the Northern Ireland Act 1988. IT IS THEREFORE IMPORTANT YOU TICK ONE BOX IN EACH OF THE FOLLOWING SECTIONS. This information will be treated in the strictest confidence and in accordance with the Data Protection Act 1988.

Irish British Czech Hungarian Polish Nigerian Portuguese Latvian
Lithuanian Slovakian Other (please specify) _____

NUMBER OF DEPENDENTS: Do you look after or give help or support to:

a Child (i.e.those under 16 or 18 if in full-time education) an Adult (e.g. elderly relative)
Enter Number Enter Number

MARTIAL STATUS:

Single Married/Co-Habiting/Civil Partnership Separated/Divorced Widowed Other _____ (Please specify)

SEXUAL ORIENTATION: My sexual orientation is towards someone of:

The same sex A different sex Both I do not wish to answer this answer

COMMUNITY BACKGROUND

Roman Catholic Protestant Other Christian Non Christian No Religion Not Stated

ETHNIC ORGIN

White Black Caribbean Black African Black Other Bangladeshi Indian Pakistani
Chinese Irish Traveller Information Refused/Not known Mixed Other Other

EMPLOYMENT SECTOR

Agriculture, Hunting & Forestry Fishing Mining & Quarrying Manufacturing
Electricity, Gas & Water Supply Construction Wholesale Hotels & Restaurants
Transport, Storage & Communication Financial Intermediation Real Estate, Renting & Business
Public Administration & Defence Education Health & Social Work
Community Social & Personnel Services Not Applicable

EMPLOYMENT STATUS

Employed Full-Time Employed Part-Time Unemployed Economically Active

5. COURSE INFORMATION

College	Course Title	Module (If applicable)	Start Date

6. STUDENT DECLARATION

By signing this form I agree to comply with all the College regulations. I also declare that all the information provided on this form is correct.

Print Name: _____

Signed: _____ Date: _____

7. LECTURER SIGNATURE

I certify that the above student is suitable for the above course(s).

_____ Date: _____

Lecturer Signature

or Admin /MIS Signature