

### Enrolment Form

Title (Please circle): Mr / Mrs / Miss / Ms / Other: \_\_\_\_\_

First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Course Title: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Day: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_ Course Fee: \_\_\_\_\_

Ethnic Origin (please tick the one box that best describes your ethnic origin):

- |   |  |
|---|--|
| <input type="checkbox"/> Asian British (Bangladeshi)        | <input type="checkbox"/> Mixed (White & Asian)           |
| <input type="checkbox"/> Asian or Asian British (Indian)    | <input type="checkbox"/> Mixed (White & Black African)   |
| <input type="checkbox"/> Asian or Asian British (Pakistani) | <input type="checkbox"/> Mixed (White & Black Caribbean) |
| <input type="checkbox"/> Asian British (Other)              | <input type="checkbox"/> Mixed (Other)                   |
| <input type="checkbox"/> Black or Black British (African)   | <input type="checkbox"/> White (British)                 |
| <input type="checkbox"/> Black or Black British (Caribbean) | <input type="checkbox"/> White (Irish)                   |
| <input type="checkbox"/> Black or Black British (Other)     | <input type="checkbox"/> White (Other)                   |
| <input type="checkbox"/> Chinese                            | <input type="checkbox"/> Any Other                       |
| <input type="checkbox"/> Not Known                          | <input type="checkbox"/> Not Provided                    |

Do you have any difficulties or disabilities that may affect your learning?  YES  NO

If yes, please specify: \_\_\_\_\_

Do you consider yourself to be disabled?  YES  NO

Do you use a wheelchair or have other mobility difficulties?  YES  NO

If you answer 'YES' to any of the above we may contact you to discuss your needs. You have the right not to disclose any information about your disability (including learning difficulties) but this may mean we are not be able to provide you with the relevant support.

**Data Protection Act 1998 (DPA)**

*The personal data collected on this form will only be used for the purpose of processing your enrolment. It is required for various administrative and health and safety reasons. In addition, statistical information may be shared with Funding Bodies and the Government for monitoring purposes.*

*As some of the personal data we have collected is deemed 'sensitive' under the DPA, your written consent is required before we can process your enrolment. You can provide that consent by signing below.*

*Action Deafness and/or Action Deafness Books may contact you from time to time with relevant information and offers relating to BSL courses and resources and forthcoming events.*

**No details will be passed on to any commercial organisation.**

I understand and agree to the processing of my personal data provided on this form according to the terms outlines above.

I confirm that all the information on this form is correct.

Signed (Learner): \_\_\_\_\_ Date: \_\_\_\_\_

If we are to invoice your employer, please provide the name of the contact person at your organisation and their address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

Full Fee (100%) or Deposit Paid (50%): £ \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Payment Method: Card / Cash / Cheque / Invoice Employer

**Agreed Instalments:**

Due: \_\_\_/\_\_\_/\_\_\_    Paid: \_\_\_/\_\_\_/\_\_\_    Card/ Cash/ Cheque    Receipt Number: \_\_\_\_\_

Due: \_\_\_/\_\_\_/\_\_\_    Paid: \_\_\_/\_\_\_/\_\_\_    Card/ Cash/ Cheque    Receipt Number: \_\_\_\_\_

Due: \_\_\_/\_\_\_/\_\_\_    Paid: \_\_\_/\_\_\_/\_\_\_    Card/ Cash/ Cheque    Receipt Number: \_\_\_\_\_

Due: \_\_\_/\_\_\_/\_\_\_    Paid: \_\_\_/\_\_\_/\_\_\_    Card/ Cash/ Cheque    Receipt Number: \_\_\_\_\_