

# Student Enrolment Form 2007-2008



Please return to: Central Admissions, Belfast Metropolitan College, Brunswick Street, Belfast BT2 7GX. Belfast Metropolitan College adheres to the principles of Data Protection legislation. The information collected through this document will be used by the College for the purposes of market research, education, training, funding and support.

## COURSE INFORMATION

STUDENT STATUS HOME  EC  INTERNATIONAL

Course Title: please write full course title	Full-time/Part-time	Course code (if known)	Campus location	Day	Time
COURSE 1					
COURSE 2					
COURSE 3					
COURSE 4					

## PERSONAL INFORMATION

PLEASE COMPLETE IN BLOCK CAPITALS  
USING BLACK INK PEN

Student ID:

SURNAME	FORENAMES	TITLE
HOME ADDRESS (note: all correspondence will go to this address)		DATE OF BIRTH
POSTCODE		MOBILE NO.
TERM TIME ADDRESS (if different from above)		HOME CONTACT NO.
POSTCODE		
GENDER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	NATIONALITY
EMAIL ADDRESS		NATIONAL INSURANCE NO.
NEXT OF KIN	RELATIONSHIP TO STUDENT	NEXT OF KIN CONTACT NO.

## MARKETING INFORMATION

please indicate how you heard about the course(s) you have applied for

- FRIEND       INFORMATION DAY       TELEVISION       PROSPECTUS  
 COURSE TUTOR       OTHER       CAREERS TEACHER       RADIO  
 WEBSITE (please specify)       NEWSPAPER (please specify)

## NAME OF PREVIOUS SCHOOL OR COLLEGE

SCHOOL/COLLEGE	LOCATION
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## LEARNING SUPPORT

Belfast Metropolitan College welcomes enrolments from people with learning difficulties and/or disabilities. **Please complete the details in the box below.** If you require additional learning support please ensure that you contact the Centre for Inclusive Learning, Room D18, College Square East, telephone: 028 9026 5097. Students at Castlereagh Campus should contact Student Services on 028 9070 8223.

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION?  YES  NO

IF YES PLEASE COMPLETE BELOW

IF NO GO TO THE NEXT SECTION

- |   |   |
|---|---|
| <input type="checkbox"/> DYSLEXIA   | <input type="checkbox"/> LEARNING DIFFICULTY      |
| <input type="checkbox"/> VISION IMPAIRMENT                                  | <input type="checkbox"/> MENTAL HEALTH DIFFICULTY |
| <input type="checkbox"/> MOBILITY   | <input type="checkbox"/> SPEECH DIFFICULTY        |
| <input type="checkbox"/> HEARING DIFFICULTY                                 | <input type="checkbox"/> PHYSICAL DIFFICULTY      |
| <input type="checkbox"/> MEDICAL CONDITION (eg. Diabetes, Epilepsy, Asthma) | <input type="checkbox"/> OTHER (please state)     |

DO YOU REQUIRE ADDITIONAL LEARNING SUPPORT BECAUSE OF A DISABILITY AND/OR LEARNING DIFFICULTY?

- YES       NO       NOT SURE

## YOUR FINANCE DETAILS

### WHO IS RESPONSIBLE FOR THE PAYMENT OF YOUR FEES?

- NO FEE PAYABLE   
  ELB/STUDENT LOANS   
  SELF   
  EMPLOYER   
  BELFAST METROPOLITAN COLLEGE JOBSKILLS  
 OTHER JOBSKILLS PROVIDER

WERE YOU BORN AFTER 01/08/1988?     YES     NO

### SPECIFIC ENHANCEMENTS

The College receives funds to support learning across all sections of the community. We pass this on to our students through reduced fees. If you can produce the appropriate evidence you may get a reduction in the cost of your course. Please complete the section below for assessment.

ARE YOU IN RECEIPT OF AN EMA ALLOWANCE?     YES     NO

PLEASE PROVIDE YOUR EMA NUMBER

ARE YOU (OR YOUR PARENTS IF YOUR DATE OF BIRTH IS AFTER 01/08/1988) IN RECEIPT OF ANY OF THE FOLLOWING BENEFITS

(please tick the relevant box)?

- NOT IN RECEIPT OF A BENEFIT  
 INCOME SUPPORT  
 INCOME-RELATED JOBSEEKERS ALLOWANCE  
 WORKING TAX CREDIT WITH INCOME BELOW £15,050

NAME OF PERSON RECEIVING BENEFIT ..... RELATIONSHIP TO STUDENT .....

**PLEASE NOTE: If you feel you are eligible for a reduced fee please supply one of the following as proof of your claim:**

For Tax Credits we require a copy of your Credit Exemption Certificate, or an Inland Revenue Tax Credit (with income less than £15,050)

Income support & income - related Jobseekers allowance - please supply a copy of your SSA Letter of Entitlement.

**We may not be able to process your claim for a reduced fee without this evidence.**

FOR COLLEGE USE    Must be initialised by fee-taking staff		
seen	attached	If evidence not attached name of person in receipt of Benefit:
		N.I. No.
seen	attached	
		Local SSO:

## MONITORING INFORMATION

The following information is requested by the Department for Employment and Learning to assist in Equal Opportunities Monitoring, and in compliance with Section 75 of the Northern Ireland Act 1998. **IT IS THEREFORE ESSENTIAL 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.

### MARITAL STATUS (please tick relevant box)

- SINGLE     01  
 MARRIED/CO-HABITING     02  
 SEPARATED/DIVORCED     03  
 WIDOWED     04

### NUMBER OF DEPENDANTS (please enter number)

- UNDER 17 YEARS OF AGE  
 UNDER 19 IN FULL-TIME EDUCATION  
 ADULT  
 NO DEPENDANTS (please tick)

### COMMUNITY BACKGROUND (please tick relevant box)

- CATHOLIC   
  PROTESTANT   
  OTHER CHRISTIAN   
  NON CHRISTIAN   
  NO RELIGION   
  NOT STATED

### ETHNICITY (please tick relevant box)

- 1 WHITE     7 BANGLADESHI  
 2 BLACK CARIBBEAN     8 CHINESE  
 3 BLACK AFRICAN     9 OTHER  
 4 BLACK OTHER     10 INFORMATION REFUSED/NOT KNOWN  
 5 INDIAN     11 IRISH TRAVELLER  
 6 PAKISTANI     12 MIXED OTHER

### EMPLOYMENT STATUS (please tick one box)

- EMPLOYED FULL-TIME   
  EMPLOYED PART-TIME   
  UNEMPLOYED   
  ECONOMICALLY INACTIVE  
 (not in work and not looking for work)

## EXAMINATION DETAILS

Please record your current highest level of qualification and the awarding body. **Note:** for GCEs & GCSEs please also enter the number of passes.

PLEASE SELECT LEVEL (examples displayed below)

AND

AWARDING BODY

No. of passes

- 0 NO FORMAL EDUCATION
- 1 GCSE GRADES D-G
- 2 GCSE GRADES A-C
- 3 A LEVELS GRADES A-E
- 4 NVQ 4/CERT. IN EDUCATION
- 5 HND/FOUNDATION DEGREE
- 6 BA DEGREE
- 7 MASTER OR EQUIVALENT
- 8 DOCTORATE

- 1 DEGREE
- 2 GCE/A/AS/A2 LEVELS (GRADES A -E)
- 3 GCSE GRADES A-C NO. OF PASSES
- 4 GCSE GRADES D-G NO. OF PASSES
- 5 BTEC
- 6 CITY & GUILDS
- 7 RSA/OCR
- 8 CPVE
- 9 LCCI
- A PROFESSIONAL BODIES
- B OTHER QUALIFICATIONS
- C NO FORMAL QUALIFICATIONS


## COURSE INFORMATION (for completion by Institute staff only)

COURSE TITLE .....

COURSE CODE    STATIC   

SESSIONAL   

MODULE CODES	STATIC								SESSIONAL				
1													
2													
3													
4													
5													

	STATIC								SESSIONAL				
6													
7													
8													
9													
10													

COURSE TITLE .....

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5													

	STATIC								SESSIONAL				
6													
7													
8													
9													
10													

# REDUCED FEE CODE

JOBSEEKERS ALLOWANCE	7	<input type="checkbox"/>	INCOME SUPPORT	8	<input type="checkbox"/>
WORKING TAX CREDIT INCORPORATING DISABLED PERSONS TAX CREDIT	9	<input type="checkbox"/>	JOB SKILLS	X	<input type="checkbox"/>
FULL-TIME NVQ LEVELS 1 TO 3 OVER 19	Q	<input type="checkbox"/>	COLLEGE STAFF	P	<input type="checkbox"/>
SENIOR CITIZEN	S	<input type="checkbox"/>	FULL TIME STUDENT (any establishment) Over 19 doing Part-time course	D	<input type="checkbox"/>
ASYLUM SEEKER	Y	<input type="checkbox"/>	FULL TIME STUDENT (any establishment) Under 19 doing Part-time course	U	<input type="checkbox"/>
			STUDENT UNDER 19 attending Full-time course at Belfast Metropolitan College	T	<input type="checkbox"/>

## DETAILS OF FEES PAID

	01		02		03	
	FEES PAID	FEES INVOICED	FEES PAID	FEES INVOICED	FEES PAID	FEES INVOICED
TUITION						
RESIDENTIAL						
TOTAL						

### METHOD OF PAYMENT FOR FEES PAID

CASH       CHEQUE       CREDIT CARD       DEBIT CARD       DIRECT DEBIT

### CARD NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### CARD HOLDER'S NAME

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ISSUE NUMBER  
(switch only)

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CREDIT CARD SECURITY NO.

--	--	--	--

EXPIRY DATE

--	--	--	--	--	--

### INVOICE DETAILS Invoice to:

NAME

ADDRESS

POSTCODE

TELEPHONE NO.

PAYER REFERENCE

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STUDENT SUPPORT NO.

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## STUDENT STATUS

The fees for the course(s) you have applied for will be classified as either home or international. Please indicate that you are a home or international student by completing the box below. **Please Note:** confirmation of eligibility may be sought. If you are unsure of your residency status, please refer to the criteria laid down by Department for Employment and Learning on their website <http://www.delni.gov.uk/acf6b6.pdf>

### HOME STUDENT

(Normally a long term resident of Great Britain and Northern Ireland)

If country of birth not UK, please state length of residency in UK \_\_\_\_\_ yrs

### INTERNATIONAL STUDENT

(Someone who does not meet the residency criteria)

I DECLARE THAT ALL INFORMATION PROVIDED ON THIS FORM IS CORRECT AND I UNDERTAKE TO PAY ALL TUITION AND OTHER FEES DUE TO THE COLLEGE IN RELATION TO THE ENROLMENT

STUDENT SIGNATURE

DATE

THE ABOVE STUDENT HAS BEEN ACCEPTED ONTO THE COURSE/S LISTED. I HAVE VERIFIED THAT THIS ENROLMENT FORM HAS BEEN FULLY COMPLETED

STAFF SIGNATURE

DATE

FEES RECEIVED BY

--

DATE

--

BATCH NUMBER

--

RECEIPT NUMBER (S)

--

INITIALLY KEYED BY

--

DATE

--

FORM COMPLETED BY

--

DATE

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