

Mr Mrs Ms Miss	SURNAME	DATE OF BIRTH			How did you hear about ACE? <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of mouth <input type="checkbox"/> Library <input type="checkbox"/> Internet <input type="checkbox"/> Previous learner <input type="checkbox"/> Other																						
OTHER NAMES		ADDRESS					ETHNIC ORIGIN <input type="checkbox"/> White – British <input type="checkbox"/> Other (please state) <input type="checkbox"/> White – Irish																				
POSTCODE					Day Tel No: _____ Eve: _____																						
Have you lived at your current address for the last 3 years? YES / NO <i>(please circle as appropriate)</i> If no, please state Country of residence for last 3 years: Evidence type: _____ Ref no.: _____ Valid until: _____ Seen by: _____					Emergency Contact Tel No: _____ E-mail: _____																						
Have you attended a course at this College before? YES / NO					What is your highest level of qualification? <input type="checkbox"/> No qualification <input type="checkbox"/> Level 1: GCSE/O Level grade D-G or fewer than 5 at grade A-C; BTEC First Cert; GNVQ Foundation; NVQ L1 <input type="checkbox"/> Level 2: 5 or more GCSE/O level grades at A-C; 1 A level; BTEC First Dip; GNVQ Intermediate; NVQ L2 <input type="checkbox"/> Level 3: 2 or more A levels; BTEC Nat ONC/OND; GNVQ Adv; NVQ L3 <input type="checkbox"/> Level 4: First Degree; BTEC Nat HNC/HND; NVQ L4 <input type="checkbox"/> Level 5: Higher Degree; NVQ L5																						
Have you a disability or medical condition that might limit your access to learning? YES / NO If yes, what type of disability, difficulty or support needs do you have? Have you additional learning support needs? YES / NO					I certify that I do not have a full L2 / L3 qualification <i>(delete as appropriate)</i>																						
Course Code	Course Title	Day	Time	Start Date	End Date	Course Fee	Other Fees																				
	1.																										
	2.																										
	3.																										
	4.																										
	5.																										
I agree to Peter Symonds College processing the personal data collected about me concerning and directly related to my attendance at this College and any other appropriate data that the College may obtain from me or others whilst I am a student at the College. I agree to the processing of such data for any purposes connected with my studies, the administration of the College, health and safety or for any other legitimate reason, including keeping me up to date with new courses. I confirm that I have received information and advice about my programme of study.																											
Student Signature _____ Date _____				<table style="width:100%; border: none;"> <tr> <td style="border: none;">Staff Signature</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">MIS Signature</td> <td style="border: none;">Date</td> </tr> </table>				Staff Signature	Date	MIS Signature	Date																
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MIS Signature	Date																										
I also agree that sufficient details may be passed to the Skills Funding Agency and their agents to enable them to contact me directly. YES / NO <i>(please circle as appropriate)</i>																											
PAYMENT METHOD	<input type="checkbox"/> Cheque - make cheques payable to Peter Symonds College , putting your address and course code on the back of the cheque. <input type="checkbox"/> Invoice - please attach company letter/purchase order stating your name, the course you are taking and the amount your employer is to be invoiced <input type="checkbox"/> Credit Card - Please charge my Maestro/MasterCard/Visa* account with correct fee.																										
Card No.	<table style="width:100%; border: none;"> <tr> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> </tr> </table>																					Valid from		Expiry date		Issue No.	
Card Holder Name						<i>Credit card details are not kept on computer or kept on paper by the college</i>		Security Code (3 digit number)	<table style="width:100%; border: none;"> <tr> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> </tr> </table>																		

DATA PROTECTION ACT 1998

The information you provide on this form will be passed to the Skills Funding Agency (SFA). The SFA is responsible for funding and planning education and training for over 16 year olds 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 and other guidance and statistical and research purposes. Other organisations with which we share information includes the Department for Education and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, Educational Institutions and organisations performing research and statistical work on behalf of the SFA or its partners. The SFA is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources. Further information about partner organisations and what they do may be found at <http://skillsfundingagency.bis.gov.uk> and by following the links to data protection.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail or phone which are aimed at enabling the SFA and its partners to monitor performance, improve quality and plan future provision.

Tick this box if you do not wish to be contacted by the SFA or its partners in respect of surveys and research. The SFA values your views on the education or training which you receive and will use these to help bring about improvements for learners age over 16 in England.

The SFA or its partners may wish to contact you from time to time about courses or learning opportunities relevant to you. Please tick here if you do not wish to be contacted about courses or learning opportunities by post.

Student Signature: _____ **Date:** _____

Peter Symonds College

ACE Division, Stoney Lane, Weeke, Winchester SO22 6DR **t:** 01962 886166 **f:** 01962 889540 **e:** ace@psc.ac.uk



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