



## Course Enrolment Form

Please fill in all sections in black ink and using BLOCK CAPITALS.

Surname:

Forename:

Date of Birth:

Gender: Male  Female

Home Address:

Postcode:

Telephone (Work):

Telephone (Home):

Telephone (Mobile):

Email Address:

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### Emergency Contact Details

Contact Name:  Relationship:  Telephone Number:

Do you have a medical condition of which we should be aware, in case of emergency?  
*e.g. Asthma or Diabetes.*

Is there anything that could affect your ability to learn?  
*e.g. restricted hand movement, audio or visual impairment*



## Subject Experience

Please give a **brief** description of your previous experience, if any, in Information & Communications Technology and computers.

## Course & Payment Details

### Information:

- *The enrolment can only be processed with full payment for the course(s).*
- *Cheques or cash only.*
- *Cheques should be made payable to West Hoathly School.*

**Please complete the section below.**

Course Name	Duration (in weeks)	Start Date	End Date	Time	Day	Price (Course Only)	Price (with Home Visit)	Value (Paid by Cheque)	Value (Paid in Cash)

**Learner Signature:**

**Date:**

**The information provided will not be passed on to a third party  
and will be treated in the strictest of confidence.**