

**ST HELENA COMMUNITY COLLEGE COURSE REGISTRATION FORM**

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | |
| Are you a member of the St Helena Community College? | | | | | | | | | Yes | | | No | | |
| If you have answered ‘yes’ please give your membership number. | | | | | | | | | Membership # | | | | | |
| If you have answered ‘no’ please complete the details requested below. | | | | | | | | | | | | | | |
| Surname/Family Name/s | |  | | | | | | | | | | | | |
| First Names/s | |  | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | |
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| Telephone Numbers | | Home: | | | | Mobile: | | | | | | | | |
| Email Address | |  | | | | | | | | | | | | |
| **COURSE INFORMATION -** All information supplied will be treated by personnel in the strictest of confidence | | | | | | | | | | | | | | |
| Have you studied at the College before? | | | | | | | | Yes | |  | | | No |  |
| Course(s) and Code(s) you would like to study | | | | | | | | | | | | | | |
| Course Code | | Course Name | | | | | | | | Start Date | | | | |
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| **Which mode of study do you wish to undertake?** | | | | | | | | | | | | | | |
| Full-Time |  | Part-time Day |  | Part-time Evening | | |  | Work based(NVQ) | | | | |  | |
| **Please indicate below if you are submitting further documentation relating to your registration** | | | | | | | | | | | | | | |
| Sponsorship Form | |  | | | Request for funded place | | | | | |  | | | |

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| **CRIMINAL CONVICTIONS**  The College has a duty of care, particularly to learners who are under 18 years of age. In view of this all applicants are required to declare criminal convictions. All information given will be treated as sensitive data and dealt with confidentially. | | | |
| Do you have a Criminal Conviction? | Yes | No | If Yes, details should be submitted in a sealed envelope.  Note: A ‘yes’ answer does not automatically exclude your enrolment. |
|  |  |
| **Applicants Declaration:**  I agree to SHCC processing my personal data contained within this form or other data, which SHCC may obtain from me or others for any purpose connected with my course application, my studies, my health and safety, or for any other legitimate reason.  If I have not obtained the age of 18 years, I agree that SHCC may contact my parent(s), guardian or carer to discuss this application. | | | |
| Signature: |  | | |

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| **SPONSORSHIP AGREEMENT -** If you are registering for a course and your sponsor has agreed to pay all or some of your fees, your sponsor should complete this section. By completing this sponsorship agreement, organisations undertake liability for paying fees, and to be invoiced, as detailed on this form | | | | | | |
| Total Fee Due: | |  | Amount to be invoiced to sponsor: | | |  |
| Person to Contact: | |  | | | | |
| Name of Organisation: | |  | | | | |
| Address for Invoice | |  | | | | |
| Cost Code if applicable | |  | | | | |
| **SPONSORSHIP UNDERTAKING** | | | | | | |
| On behalf of the sponsoring organisation above (‘the sponsor’), I agree that the sponsor will pay, within 30 days of the invoice date, the fee shown above.  I accept that, if the student withdraws from the training/ qualification or leaves the sponsor’s employment, my organisation will remain liable for the agreed contribution towards the fee.  I hereby warrant that the sponsor has the full power and authority to provide the sponsorship for this student, and to give the above undertaking. I confirm that I hold the position stated below and that in that capacity I have authority to bind the sponsor by signing this form.  The St Helena Community College reserves the right at its sole discretion to reject any sponsorship agreement and in consequence to require full payment of the Training/ qualification before a new student is registered. You will be informed if the College reaches this decision. | | | | | | |
| Name of Contact: |  | | | | | |
| Organisation: |  | | | | | |
| Address: |  | | | | | |
| Telephone: |  | | | | | |
| Email: |  | | | | | |
| Name: |  | | | | | |
| Job Title: |  | | | | | |
| Signature: |  | | | | | |
| **FOR ST HELENA COMMUNITY COLLEGE OFFICE USE ONLY** | | | | | | |
| Date Received: |  | | | Payment Received: |  | |
| Acknowledgement Sent: |  | | | Course Acceptance: |  | |
| Application Status: |  | | | Attendance: |  | |
| Payment Request: |  | | | Certification Status: |  | |