

- Apprentice
- 14-16
- 16-19
- Part-time

1. Personal Details

Last Name: _____

Title: _____

Date of Birth: _____
(Mandatory)

Address: _____

Postcode: _____

Email: _____

Car/MCycle Reg No: _____

School last attended (if under 19): _____

First Name: _____

Mobile No: _____

Telephone No: _____

If under 19 please provide details of parent/guardian:	
Name & Contact No:	_____
Parent/Guardian email:	_____

Contact in the event of emergency (should be Parent/Guardian if under 19): _____

Emergency Contact Telephone No: _____

Ethnicity: Do you consider yourself to be White, Black, Asian, mixed race, other (please specify) this information will help us with our equal opportunities monitoring. *NB. Ethnicity is not the same as 'nation of origin' or race but is normally defined in relation to a people or culture with which a person or their forebears, most strongly identify.*

What is your first language? E.g English _____ Nationality: _____ Country of birth: _____

Course	Course Title:	Fee Charged:
Course Code: HY14E4	Babysitting Course – Tuesday 20 th & 27 th March 2018. 5:30-8:30pm	£35.00
PLEASE MAKE CHEQUES PAYABLE TO "STATES OF GUERNSEY" NB to assist with internal administration some of the personal data supplied on the application form will be entered onto computerised records. However this data will only be used in strict accordance with the principles laid down by Data Protection (Bailiwick of Guernsey) Law, 2001		£
Signed: (Student)	Date:	
Enrolled by:	Date:	
<i>(Teaching Programme Co-ordinator/Course Tutor - please print)</i>		

Fees to be paid by: *Please tick as appropriate* Student Employer/Sponsor Grant

Employer/Sponsor Details *(if you have ticked the employer/sponsor box, please complete this section)*

Name & Address:	_____		
Postcode:	_____	Telephone No:	_____

2. Learning Support and Wellbeing GCFE are committed to meeting the requirements of people with learning difficulties, disabilities and/or health issues. Please help us to support you by completing the following section. Any disclosure you make will be used only to help us to offer the appropriate support or to consider making reasonable adaptations that would support you in your course. If you consider yourself to have a learning difficult, disability and/or health issue, please tick the relevant boxes below:

<input type="checkbox"/> Visual impairment <input type="checkbox"/> Disability affecting mobility <input type="checkbox"/> Other physical disability <input type="checkbox"/> Other medical condition eg epilepsy, diabetes <input type="checkbox"/> Emotional/behaviour difficulties <input type="checkbox"/> Temporary disability after illness/accident <input type="checkbox"/> Mental health difficulty <input type="checkbox"/> Dyslexia	<input type="checkbox"/> Profound complex disabilities <input type="checkbox"/> Asperger's syndrome <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> A hearing impairment <input type="checkbox"/> Moderate learning difficulty <input type="checkbox"/> Severe learning difficulty <input type="checkbox"/> Wheelchair user <input type="checkbox"/> Other, please specify: _____	Please tell us if you have caring responsibilities for members of your family/ friends: <i>A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support:</i>
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Please tick if you would prefer the College **not** to contact you in the future about other courses you might be interested in

For Office Use Only:	Payment	Amount Paid	Date	Receipt No
		£	Csh <input type="checkbox"/> Chq <input type="checkbox"/> Visa <input type="checkbox"/>	
Enrolment No			Stu <input type="checkbox"/> Emp <input type="checkbox"/> Other <input type="checkbox"/>	
				Copies to Course Tutor and Student