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APPLICATION FORM

Legal Surname*: _____ Legal First Name*: _____

** This should be your name as it would appear on an official document eg. your passport or birth certificate.*

Mr/Mrs/Miss/Ms/Other (please delete as appropriate) Preferred First Name: _____

Address: _____

Postcode: _____

Email: _____ Date of Birth: _____

Mobile Tel: _____ Home Tel: _____

Work Tel: _____ In Full Time Education? Yes No

Course(s) you wish to apply for:

Course Code	Course Name	Course Fee
Total Fees:		

PLEASE NOTE WE DO NOT REQUIRE PAYMENT AT THIS STAGE. We will confirm your place once minimum numbers have been reached and we will then request payment. Fees are non-refundable unless the course is cancelled by Guernsey College of Further Education.

Please refer to our Course Refund Policy at www.guernseycollege.ac.gg/wp/policies.

Please note that additional fees for examinations and for any learning support may be applicable and will be discussed with you on enrolment.

Who will be paying the fees?

Self Employer Other (please state) _____

Please tick your chosen payment method:

Cheque (payable to States of Guernsey) Debit/Credit Card

Please note if you choose to pay by card, you will be contacted for your details at a later date once we are able to confirm that your chosen course is running.

Current employer (complete ONLY if your employer is paying your fees)

Company Name: _____

Company Email: _____ Company Tel: _____

Address: _____

Postcode: _____

I am authorised to approve the payment of all fees associated with the course for the student and understand that my company remains liable for payment irrespective of the employee moving to another employer after enrolment.

Name: _____ Position: _____

Please invoice the company: £ _____ Signature: _____

If you/your company would like your information to be used for marketing purposes by Guernsey College of Further Education please tick

First Language: _____ Nationality: _____

Country of Birth: _____

Ethnicity: This information will be treated with the strictest of confidence and is used to ensure that our provision is meeting the needs of the community. Please tick the box which applies to you:

- | | |
|---|--|
| <input type="checkbox"/> White – British | <input type="checkbox"/> Mixed – White & Black Caribbean |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> Mixed – White & Black African |
| <input type="checkbox"/> White – Gypsy or Irish Traveller | <input type="checkbox"/> Mixed – White & Asian |
| <input type="checkbox"/> White – Other | <input type="checkbox"/> Mixed – Other |
| <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Black - African |
| <input type="checkbox"/> Asian – Pakistani | <input type="checkbox"/> Black - Caribbean |
| <input type="checkbox"/> Asian – Bangladeshi | <input type="checkbox"/> Black - Other |
| <input type="checkbox"/> Asian - Chinese | |
| <input type="checkbox"/> Asian – Other | <input type="checkbox"/> Other |

Learning support and wellbeing: We want to make sure that you succeed right from the start. Please let us know if you consider yourself to have a disability or a learning difficulty. We ask for this information so that we can offer support and so we can plan any adjustments well in advance. Please note that additional fees for any learning support may be applicable and will be discussed with you on enrolment.

Please tick which applies to you:

- I do not have a learning difficulty and/or disability
 I have a learning difficulty and/or disability (*please tick everything that you think applies to you below*)

- | | |
|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Asperger's Syndrome |
| <input type="checkbox"/> Mobility impairment | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Other physical impairment | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Other medical condition (eg. diabetes/epilepsy) | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Emotional / behavioural difficulties | <input type="checkbox"/> Moderate learning difficulty |
| <input type="checkbox"/> Temporary impairment after illness/accident | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Mental health difficulty | <input type="checkbox"/> Wheelchair user |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Profound and complex learning disability | <input type="checkbox"/> Other |

Emergency Contact Details Name: _____ Telephone: _____

Careers and Employability: Information and advice regarding Careers and Employability can be found on our website at www.guernseycollege.ac.gg/wp/careers-employability.

Data Protection/Privacy Notice: The Guernsey College of Further Education processes the personal data that you provide, via this application form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information in relation to how your personal data is processed can be found by viewing the full Fair Processing Notice at www.guernseycollege.ac.gg/wp/policies.

Course Refund Policy: Please ensure that you have read and understood our Course Refund Policy which gives important information about payments, cancellations and refunds. This can be found at www.guernseycollege.ac.gg/wp/policies.

I certify that the details of this application are current and correct to the best of my knowledge and that I have had access to the Course Refund Policy and the Privacy Notice and understand that my application will be converted to an enrolment when sufficient applications have been received for the course to commence.

Applicant's Signature: _____ **Date:** _____

Return to: Applications, The Guernsey Institute, Route des Coutanchez, St Peter Port, Guernsey, GY1 2TT
Any queries: Tel: 01481 227500 or Email: enrolment@gcfe.net