

WORKSHOP ENROLMENT/SPONSORSHIP CONFIRMATION FORM 20...../20.....

PERSONAL DETAILS IN CAPITALS

Forenames (in full) Surname/ family name

Date of birth Mr Mrs Miss Ms

PERMANENT ADDRESS

Postcode

Mobile number Emergency contact no.

Work number Email

Student Job Title

COURSE YOU WOULD LIKE TO ENROL ON

Course title	Course start date	Course fee £

Member of Chamber of Commerce

Have you been in formal education in the last 3 years? Yes No

Who is responsible for paying the fee? You Employer - please complete Sponsorship section below

STUDENTS WITH DISABILITIES Please tick boxes as relevant

Do you consider yourself to have a disability? Yes No

Northbrook College is keen to ensure that students with support needs are able to access all our courses. Please briefly describe your access needs below and you will be contacted by a member of the Support Team

Workshop/Bespoke Course Cancellation & Transfer Policy – By the employer/student

Cancellation and transfer of booking is acceptable providing written notification is received 10 working days prior to the commencement of the course/workshop and the replacement provision (where applicable) falls within the same academic year. An administration fee of £30 will be charged for this facility. Should notification be received within less than 10 working days, 100% of the fee will be payable.

By the College

Should it be necessary for the college to cancel a course/workshop and a suitable replacement is not available, 100% of the fee will be refunded/credited.

SPONSORSHIP CONFIRMATION - COMPANY DETAILS

Sponsor name

Sponsor address

Key contact names

Telephone number

Email address

I/We confirm a formal agreement has been made between myself/ourselves and the above student, whereby I/we have agreed to bear the cost of the course charges during the academic year specified overleaf up to the value of £
I/We can confirm that this specific course is/is not a mandatory requirement of the terms of employment of the person named above

A cheque totalling £ _____ is enclosed*
Payable to Northbrook College Sussex. Please write the cheque guarantee card number and expiry date on the reverse of the cheque

Please arrange to issue an invoice at the commencement of the academic year for which payment will be made in return

The required training impact on the sponsoring company is: _____

Authorised signature _____ Official title _____

Name (in block capitals) _____ Date _____

LEARNING AGREEMENT

Please read this section carefully. If there is anything you are unsure about, please contact Student Services on 0845 155 60 60 before signing. I confirm that information and advice about my choice of learning programme was provided or was available to me through the prospectus, other College information or via College staff. As a result of this information and advice, I confirm:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><input type="checkbox"/> I understand the entry requirements of my chosen programme<input type="checkbox"/> The learning programme suits my needs, progression and personal ambition<input type="checkbox"/> A check was carried out to see if previous experience or qualifications could be counted towards the course<input type="checkbox"/> I know what additional support (practical, childcare, tutor, financial) is available in order to help me complete the course<input type="checkbox"/> The information provided to Northbrook College is correct<input type="checkbox"/> I agree to abide by the regulations of Northbrook College, including smoking restrictions, Health and Safety regulations and appropriate attendance at timetabled classes, which I understand may be monitored | <ul style="list-style-type: none"><input type="checkbox"/> I agree to inform the College in writing of the following:<ul style="list-style-type: none">a) Any change in circumstances that may affect my fee status: eg no longer on benefit, no longer employed by the sponsoring companyb) Any medical condition which may affect my performance on the learning programme or in other College activitiesc) Any change in contact details: eg address, telephone number<input type="checkbox"/> I understand that all courses are subject to alteration or cancellation in the light of demand and patterns of attendance<input type="checkbox"/> It is my intention to complete the programme and register for qualifications if applicable<input type="checkbox"/> I understand that this form is a Learning Agreement between myself and Northbrook College |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The College and/or Learning & Skills Council may contact students for information. If you do not wish to be contacted by the College for marketing purposes please tick here

I am willing for my employer to receive regular feedback in respect of my course progress

STUDENT (or representative on student's behalf. If a representative, please state in what capacity) Tick here

Print name _____ Date _____

Signature _____

Please make sure both sides of this form are filled out in full and return to: Freepost RRYT-RBZB-RLHH, Seb Foot, Northbrook College, 17 Liverpool Gardens, Worthing, BN11 1RY

Office use only
ON BEHALF OF NORTHBROOK COLLEGE

Print name _____ Date _____

Signature _____

BDC Other _____