

LSDBP Education Enrolment Form

Payment must accompany this form

Personal Information

Title (Mr, Mrs Etc):
Name:

Date of Birth:

Address:

Telephone Number:

Mobile Number:

E-mail Address:

Please return this form with Payment

Payment method: All courses must be paid in advance/at time of enrolment for the course either by Cheque (made payable to LSDBP) or Cash

Invoice:

Please provide us with the address you would like you invoice sent to. If your employer is paying please provide the Contact Name, Address and a

Purchase order number or letter of authority:

Name:

Address:

Phone number:

E-mail address:

Payment Order Number (if applicable):

Emergency Details: Who should the society contact in case of Emergency:

Name:

Telephone Number:

Relationship to you:

Do you have any medical conditions you wish us to be aware of (e.g dyslexia):

Course Information:

Which Course do you want to enrol on (please refer to attached poster for days, times and costs of courses:

BSL Beginner:	Day	Time
BSL Level 1:	Day	Time
BSL Level 2	Day	Time
BSL Level 3:	Day	Time

Ethnicity: Please tick which of the following groups you would say you belong to:

- 11 Asian or Asian British – Bangladeshi
- 12 Asian or Asian British - Indian
- 13 Asian or Asian British – Pakistani
- 14 Asian or Asian British - any other Asian Background
- 15 Mixed - White & Asian
- 16 Chinese
- 17 Black or Black British – African
- 18 Black or Black British – Caribbean
- 19 Black or Black British - any other Black background
- 20 Mixed - White & Black African
- 22 Mixed - any other Mixed background
- 24 White – Irish/other
- 25 White – British
- 99 Do not wish to disclose

Please add Employers details:

Name
Address
Phone Number
E-mail address

Student/Society Agreement

I agree that:

The information on this form is correct to the best of my knowledge and I will inform the society of any changes to my personal details. Should I fail to inform LSDBP of any changes to my personal information LSDBP will not be held responsible for any errors that occur due to this.

I accept full responsibility for the full cost of the course on which I am enrolling, even if my employer is funding. I also agree that fees will not be refundable unless the course fails to run.

I understand that the fees will be paid in full before the start of the course and that any results and/or certificates will not be issued until the relevant fee is received by LSDBP.

I declare that I will conduct my business within LSDBP's buildings in a safe and respectful manner while adhering to the Health and Safety policy. I understand that the course I have enrolled on may be closed due to lack of recruitment, awarding body validation or any other circumstances beyond the control of LSDBP. I understand in these circumstances I will be advised by the society of another course available or, if this is not available, any fee that I have paid to that date will be refunded to me.

LSDBP agree to:

Hold all information contained on this form and will not share it with any other organisation and that it will be held in accordance with the Data Protection act 1998.

Deliver Training that is applicable to the qualification that you have undertaken and of the utmost standard.

Provide you with health and Safety policy (if applicable)

Provide you with LSDBP's procedure for appeals against examination results (If applicable)

Signed

Date

Students may be contacted when the course is finished, with the information on new courses; to help us make our courses better or for activities in which we consider you may be interested. If you would like us not to contact you please tick here

**Thank you for completing this form
Please ensure payment is enclosed.**