



# STUDENT APPLICATION FORM

Please send your completed form, with payment (where applicable), to  
Highlands College, Student Records, PO Box 1000, St Saviour, JE4 9QA or Fax: 767943

Please complete this form in **BLOCK CAPITALS** in black ballpoint pen and tick boxes where required

## Personal Details

Surname: .....  
 First Name(s): .....  
 Title (Mr/Mrs etc): ..... Date of Birth: .....  
 Address: .....  
 .....  
 .....  
 Parish: ..... Post Code: .....  
 Home Tel: ..... Work Tel: .....  
 Mobile: .....  
 E-mail: .....  
 Nationality: .....

## Local Emergency Contact

Name: .....  
 Tel: .....

## Medical Conditions / Disabilities

Do you suffer from any medical condition or disability? Yes  No   
 Please give details: .....  
 .....  
 Could this affect your participation on the course applied for? Yes  No   
 If you DO NOT wish the above to be disclosed to your course tutor(s) please tick box:

## Fee Concession

A fee concession is considered for courses ONLY if you are registered as (please tick 1 box only). Please read and sign the authorisation statement below.  
 Unemployed / Jobseeker  Senior Citizen (aged 60+)   
 I am claiming an Unemployment / Jobseeker fee concession and I authorise the Social Security Department to release details regarding my claims and benefits to Student Records, at Highlands College.  
 My Social Security number is:   
 Applicant's Signature: ..... Date: .....

## Course(s) for enrolment

Highlands College reserves the right to cancel or amend any course.  
**FEES ARE NON-REFUNDABLE UNLESS THE COURSE IS CANCELLED BY HIGHLANDS COLLEGE. COURSE PLACES ARE NON-TRANSFERABLE TO ANOTHER PERSON.**

	Course Code	Course Title	Total Fee
1st choice			
2nd choice			

If, on receipt of your application, your 1st choice course is full, you will automatically be enrolled on your 2nd choice if one has been indicated and there are places. Please enclose fees for your 1st choice course only.

**Data Protection Statement** – Data Protection Statement – The information you provide will be processed for the purpose of administration, careers and, guidance and statistical purposes. To ensure confidentiality and privacy, all processing will be carried out under the requirements of the Data Protection (Jersey) Law 2005. Highlands College has data sharing agreements with other States of Jersey departments. If you would like to know more about these please contact Highlands College on Tel: 608608. Should you require us to seek your individual consent to these disclosures please advise us in writing at the following address:- College Information Services, Highlands College, PO Box 1000, St Saviour, JE4 9QA. **If the sponsor is paying, attendance, progression and exam information will be released at the sponsor's request.** Acceptable User Policy – Users of ICT facilities have to accept this policy prior to accessing these resources.

I certify that the details for this application are current and correct to the best of my knowledge  
 Applicant's Signature: ..... Date: .....  
 If you DO NOT want this information to be used for marketing purposes by Highlands College please tick box:

**FOR OFFICE USE ONLY**

HOF Sig:  Payment method:  Student ID: **HC**  
 Firm code:  Input by:  Date input:

## Who will be paying the fees?

Cheques / postal orders should be made payable to the "Treasurer of the States"  
 Self  Employer  Other  Please state: .....  
 .....

## Credit / Debit Card Details

Please complete if paying by credit / debit card  
 MasterCard  VISA  Maestro   
 Card No:   
 Valid From:  Expiry Date:  Issue No:   
 Security code (last three digits on reverse of card):   
 Total £..... I agree to my credit / debit card being charged as above.  
 Card Holder's Name: .....  
 Card Holder's Signature: ..... Date: .....

## Current Employer / Other

ONLY to be completed if Employer/Other paying fees  
 Company Name: .....  
 Company Address: .....  
 .....  
 Parish: ..... Post Code: .....  
 Tel: ..... E-mail: .....  
 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. If you or your company DO NOT want this information to be used for marketing purposes by Highlands College please tick box.   
 Employer / Sponsor Signature: .....  
 Please Print Name: .....  
 Position Held: .....  
 Please invoice the company £ ..... or  
 I enclose payment of £ .....