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

# 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**

Highlands COLLEGE

## 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:** .....

## NOK / Emergency Contact

**Name:**.....

**Address:** .....

.....

.....

**Parish:**..... **Post Code:** .....

**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:** ☐

## 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 the course enrolment fees for the student and understand that my company remains liable for payment irrespective of the employee moving to another employer after enrolment.**

**Employer / Sponsor Signature:** .....

**Please Print Name:** .....

**Position Held:** .....

**I enclose full payment of £** ..... **OR**

**Please invoice the company in full the sum of £** .....

## 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 | Start Date | Total Fee |
|---|---|---|---|
| | | | |
| | | | |

**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 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.**

**I certify that the details for this application are current and correct to the best of my knowledge**

**Applicant's Signature:** ..... **Date:** .....

**FOR OFFICE USE ONLY**

**Tutor/Tm Admin's Signature:**

**Tutor, if you alter the fee in any way please clarify by giving reason below:**

**HOF Sig:**

**Payment method:**

**Student ID:** HC

**Firm code:**

**Input by:**

**Date input:**