

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



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:

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	Fee

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.

Tutor/Tm Admin's Signature:	Tutor, if you alter the fee in any way please clarify by giving reason below:	FOR OFFICE USE ONLY
<input type="text"/>	<input type="text"/>	
HOF Sig: <input type="text"/>	Payment method: <input type="text"/>	Student ID: <input type="text" value="HC"/>
Firm code: <input type="text"/>	Input by: <input type="text"/>	Date input: <input type="text"/>

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 £