# Falkland College
# On-line course enrolment form 2024/2025

Please complete this form in **CAPITAL LETTERS ONLY**

**Student Number:**

## Who is the course with?

Highspeed, Other

## Course Title

**E.g. Advanced safeguarding Children**

## Your details

*** Please ensure that the email address is clearly written this is required for sending joining instructions**

**Title** (Mr, Mrs, Miss, Ms, Other—Please Specify

**First Name**

**Surname**

**Postal Address**

**Email Address ***

**Telephone No** (W) (H) (M)

**Date of Birth** / /

**Status in the Falkland islands** (F I Status Holder/ PRP/ Work Permit/Other)

## Course Payment

(please tick the appropriate category)

| | | |
|---|---|---|
| **FIG** | ☐ | **Please provide the department vote code _____** |
| **Self Funding** | ☐ | **You will be asked to pay for your course before it begins** |
| **CDS Fund** | ☐ | **Please provide a copy of the signed letter from the CDS committee** |
| **Employer** | ☐ | **Please provide the employers details below so an invoice can be raised** |

**Contact in company:**

**Address to send invoice:**

**Email address:**

**Telephone Number:**

The personal data you have supplied will be shared with the awarding body, by signing this you have agreed to consent to these bodies holding and processing your personal data for the purpose of complying with the statutory obligations to provide information to a number of official agencies as well as for our/their own administrative, business and research activities. You also confirm that the payment details are correct and you agree to abide by the regulations of Falkland College. All payments for courses must be up front and in some circumstances refunds are not possible. It will be the students responsibility to pay any course extensions. Failure to comply may result in the expulsion from your studies. By signing this document you agree the funding for your course has been agreed as described above. The student also understands that the College will inform the employer (if funding the course), the progress of the student on the course of study if so requested, in writing or by email.

| | | | |
|---|---|---|---|
| **Learner Signature** | | **Date** | / / |
| **FIG HOS/ Employer Signature** | | **Date** | / / |

**Office Use only**

**Form received date _____/_____/20_____ Form received by:_____ Course Availability signed:_____**

**PAYMENT INFORMATION: Payment Reference number: _____**

☐ **Card Payment** ☐ **Bank Transfer** ☐ **Invoice _____** ☐ **AV FIG Dept Vote Code_____**

**Date Invoice/AV raised ___/____/20_____ Date payment received: ___/____/20____ Receipt Number:_____**

**Joining Instructions sent YES NO Date Joining Instructions sent _____/_____/20_____**

**Date certificate sent _____/_____/20_____**