


FORM: PSA-LD-004a
Enrolment Form: Full Cost
PERSONAL INFORMATION

Candidate Name											
Title: (Mr ,Mrs, Ms, Miss, Other)		Gender: (male/female)									
Current Address											
	Postcode: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Home Telephone No.											
Mobile Telephone No.											
Email											
Date Of Birth		Age (at start of course)									

Nationality			
Country of permanent residence?			
Do you require a visa to study in the UK?		Yes	No
If you have not lived in the UK/EU for the last 3 years, please state date of entry:	D	D	M M Y Y Y Y
With EU Passport	Tick	Refugee Status	Tick
Exceptional Leave to Remain	Tick	Asylum Seeker	Tick
Right of Abode/Indefinite Leave to Remain	Tick	Student/Visitors/Working Visa	Tick
Humanitarian Protection/Discretionary Leave	Tick	Other (please specify below)	Tick

We need to know the following for monitoring our Equal Opportunities policy. Please tick which box you think applies to you:			
Asian/Asian-British – Bangladeshi	Tick	Mixed – White and Asian	Tick
Asian/Asian-British – Indian	Tick	Mixed – White and Black African	Tick
Asian/Asian-British – Pakistani	Tick	Mixed – White and Black Caribbean	Tick
Asian/Asian-British – Other	Tick	White – British	Tick
Black/Black British – African	Tick	White – Irish	Tick
Black/Black British – Other	Tick	White – Other	Tick
Chinese	Tick	Other	Tick

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ADDITIONAL LEARNING SUPPORT			
Do you have a disability, learning difficulty or medical condition?		Yes	No
If yes, please tick the boxes which are applicable to you:			
Dyslexia	Tick	Medical Condition	Tick
Dyspraxia/Dyscalculia	Tick	Sickle Cell Anaemia	Tick
Hearing Impairment	Tick	Aspergers syndrome	Tick
Visual Impairment	Tick	Autistic Spectrum difficulties	Tick
Mobility difficulties	Tick	Moderate Learning Difficulties	Tick
Mental Health difficulties	Tick	Severe Learning Difficulties	Tick
Other (please specify)			

PREVIOUS EDUCATION AND QUALIFICATION

Please list schools/colleges/training centres you have attended since aged 11.	
Dates	Name of Institution

Please list any qualifications achieved, starting with the most recent. (NOTE: Some courses required proof of qualifications.)			
Year	Qualification and subject	Awarding Body	Result/Grade

DECLARATION

- The information I have given above is correct and I will inform PSA-International of any changes in my personal circumstances.
- I have received adequate and appropriate guidance to assist me in selecting the course shown below.
- I give permission for my personal details to be used for the purpose of this course, enrolment and assessment.
- I accept that PSA-International, reserves the right to close a class, and only in such circumstances will the tuition fee be totally refunded.
- My place on the course is only guaranteed subject to payment of all fee.

Student Signature		Date	
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COURSE DETAILS

Course 1									
Course Code		Hours/Week		Weeks/Year					
Course Title									
Course Start Date			D	D	M	M	Y	Y	Y
Course End Date			D	D	M	M	Y	Y	Y

Course 2									
Course Code		Hours/Week		Weeks/Year					
Course Title									
Course Start Date			D	D	M	M	Y	Y	Y
Course End Date			D	D	M	M	Y	Y	Y

CONFIRMATION OF PAYMENT

Total Fee for Course:	£ _____ GBP \$ _____ USD € _____ EURO												
Payment method (please tick the boxes which are applicable):													
Cash		Tick	Debit Card		Tick								
Cheque		Tick	Credit Card		Tick								
Payment taken by:													
Name													
Signature			Date										

NOTE: Please attach proof of payment to this form.