

# ENROLMENT FORM FOR PART-TIME PROFESSIONAL COURSES ACADEMIC YEAR 2008/09 LONDON CITY CAMPUS



<b>PLEASE NOTE CAREFULLY:</b>	Write in black or blue ink, using CAPITAL LETTERS throughout	Please read the accompanying Notes for Guidance before completing this form	Complete all sections, and make sure that you sign the form at the end	A number of questions ask you to tick the appropriate box. The numbers next to the boxes are purely for coding purposes
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**If you do not send the correct tuition fee payment/purchase order for the current academic year with your enrolment form, you will not gain a place on the course.**

## Personal details

Title:	Surname:	Forenames (give all names):		
Residential address during course:		Permanent home address (if different):		
Full postcode:		Full postcode:		
Tel No:		Tel No:		
Mobile No:		Email address:		
Date of birth __ / __ / __	Gender:	Start date of course:	<b>For office use: Student number</b>	
Term time accommodation (please tick the box which best describes your accommodation whilst taking the course)				
<input type="checkbox"/> 1. University accommodation <input type="checkbox"/> 2. Parental/Guardian's home <input type="checkbox"/> 3. Own/Rented <input type="checkbox"/> 4. Other <input type="checkbox"/> 5. Not known				

## Course details

Full title of course:	Part or level:

## Other information

Name and address of employer:	Have you previously studied at:
	London Metropolitan <input type="checkbox"/> London Guildhall University <input type="checkbox"/>
	University of North London <input type="checkbox"/>
	If so, what was your Student ID number?
	What was the title of your course?
Full postcode:	Have you enrolled or applied for any other courses at London Metropolitan University this year? (please give details)
Tel No:	
Email address:	Have you previously taken a Higher Education course in the UK? Yes (4) <input type="checkbox"/> No (1) <input type="checkbox"/>
Nature of employer's business:	Please give the name of the last educational institute attended, and indicate the date that you left (the last educational institute)?

**IMPORTANT: If you have your registration number from your professional body, please provide it below.**

Membership/Studentship status of relevant Professional body (if appropriate)	Name of Professional body and registration number:	Member/Registered student <input type="checkbox"/>
		Membership/Registration application made <input type="checkbox"/> (please ensure you inform your local Registry of the number when obtained).

# Equal Opportunities data

## Disability

Please note that you are encouraged to disclose any disability that may affect your studies.  
The information provided is confidential and will be used by the University to help provide services in order to meet students' needs.

I have no disability  I have a physical or other disability

I would describe my disability as (please tick the appropriate number)

- |                                                                    |                                                                   |                                                   |
|--------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> 1. Dyslexia                               | <input type="checkbox"/> 4. Wheelchair user/Mobility difficulties | <input type="checkbox"/> 7. Unseen disabilities   |
| <input type="checkbox"/> 2. Blindness/Partially sighted            | <input type="checkbox"/> 5. Personal care support                 | <input type="checkbox"/> 8. Multiple disabilities |
| <input type="checkbox"/> 3. Deafness/Hearing impairment            | <input type="checkbox"/> 6. Mental health difficulties            | <input type="checkbox"/> 9. Other disabilities    |
| <input type="checkbox"/> 10. Autistic spectrum/Asperger's syndrome |                                                                   |                                                   |

## Ethnicity

London Metropolitan University is committed to providing equal opportunities for all.  
To assist us with our confidential monitoring, please tick ONE box which best describes your cultural background.

- |                                    |                                                       |                                                     |                                                    |                                                    |
|------------------------------------|-------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <b>WHITE:</b>                      | <input type="checkbox"/> 11. British                  | <input type="checkbox"/> 12 Irish                   | <input type="checkbox"/> 19 Other White background | <input type="checkbox"/> 15 Greek Cypriot          |
| <b>BLACK OR BLACK BRITISH:</b>     | <input type="checkbox"/> 21 Caribbean                 | <input type="checkbox"/> 22 African                 | <input type="checkbox"/> 29 Other Black background |                                                    |
| <b>ASIAN OR ASIAN BRITISH:</b>     | <input type="checkbox"/> 31 Indian                    | <input type="checkbox"/> 32 Pakistani               | <input type="checkbox"/> 33 Bangladeshi            | <input type="checkbox"/> 39 Other Asian background |
| <b>MIXED:</b>                      | <input type="checkbox"/> 41 White and Black Caribbean | <input type="checkbox"/> 42 White and Black African | <input type="checkbox"/> 43 White and Asian        | <input type="checkbox"/> 49 Other Mixed background |
| <b>CHINESE OR OTHER ETHNICITY:</b> | <input type="checkbox"/> 34 Chinese                   | <input type="checkbox"/> 80 Other                   |                                                    |                                                    |
|                                    | <input type="checkbox"/> 98 Information refused       |                                                     |                                                    |                                                    |

## Residency

Country of birth	Country of usual permanent residency	Nationality (as on passport)

- Do you have a Student visa? Yes  No  Were you born outside the UK/European Union? Yes  No
- Have you ever lived outside the UK/European Union? Yes  No  If yes, date of first entry to the UK \_\_\_\_\_  
Date from which you have been resident in the UK \_\_\_\_\_
- Have you applied for Refugee or Asylum status? Yes  No
- Have you been granted indefinite/exceptional leave to remain in the United Kingdom? Yes  Date granted: \_\_\_\_\_  
No
- Does your passport currently indicate:
- i) A limitation on your period of stay in the UK? Yes  No
- ii) A restriction on your ability to take up employment without prior approval from the Home Office or Employment Services? Yes  No
- iii) Do you have to apply periodically for renewal of your UK residence visa? Yes  No
- Date of most recent UK entry \_\_\_\_\_

**Please note, documentary evidence of status may be required**

Office use only:  
Fee status:

## Details of qualifications

What is your highest qualification? (e.g. degree, A level, professional qualification)

Please enter details of your academic qualifications below. Please list the highest qualification first and continue on a separate sheet if required.

Date awarded	Examining body	Name of qualification (e.g. degree/A level)	Result or grade

## Course information

### Course title(s)

Please list titles of all the courses for which you are applying

### Subjects and classes: First choice

Please list all the subjects and classes you wish to study, indicating the days and times that you wish to attend, as well as the month in which the subject starts.

Subject/class	Day (e.g. Monday)	Time	Starting month	Office use only:			
				Subject code	Class code	Day/time	Fee
1.							
2.							
3.							
4.							

**Alternative choice.** If your first choice is not available, please indicate any acceptable alternative subject/class.

Details of alternatives should be listed below in the corresponding space to your first choice.

1.							
2.							
3.							
4.							

## Tuition fees and declaration

### Tuition fees

Who is paying your fees?

a) Yourself     b) Employer or Institutional sponsor     c) Other

(cheques should be made payable to 'London Metropolitan University')

Name of fee payer	Address of fee payer	Amount enclosed

If you are paying yourself, please complete the enclosed Enrolment Fee Record Form.

### Declaration

I declare the above information to be true. I hereby acknowledge that my acceptance of a place at London Metropolitan University is subject to the University's standard terms and conditions of admission and agree to abide by the Laws and Regulations of the University and Conditions of Enrolment as indicated on the web or housed in the University Library and Department of Academic Administration. I give permission for the University to use my name and/or registration number to obtain results from my Professional body.

\* I possess/do not possess the minimum acceptable qualifications for entry to the course (delete as appropriate).

\* I already have/do not have a University Student ID card (which can be updated to reflect my new course).

I understand that classes which attract only a small number of enrolments may be cancelled.

Signed \_\_\_\_\_ dated \_\_\_\_\_

## CHECKLIST FOR STUDENT ENROLLING BY POST

You should post the following items to the University in the pre-paid envelope provided\*

- Your completed enrolment form
- The correct tuition fee (cheques should be crossed and made payable to 'London Metropolitan University') or purchase order (which makes clear the amount being sponsored, for which student and course, and the name and address of the person to be invoiced)
- A stamped self-addressed envelope, A4 sized
- One passport-sized photograph

\* please post the items to:

The Student Records Team, Part-Time Professional Courses, Room G12, Calcutta House, London Metropolitan University, Old Castle Street, London E1 7NT.

**Please note that you can only enrol for the current academic year, 2008/9**

**For office use:**

Notes

<b>For office use only</b>			
Enrolled by post <input type="checkbox"/>	Date form received	Enrolled at counter <input type="checkbox"/>	Fee code
Fee status: H <input type="checkbox"/> EU <input type="checkbox"/> HA <input type="checkbox"/> I <input type="checkbox"/> tbc	Fee status questionnaire Issued <input type="checkbox"/>	Docs seen: Docs required:	
Total amount due £	(£      x      classes)	Covering the period:	
Amount enclosed:	Cheque <input type="checkbox"/> Credit card <input type="checkbox"/> Purchase order <input type="checkbox"/>	HESA data entered <input type="checkbox"/>	Enrolled on SITS <input type="checkbox"/>
Photo provided Y <input type="checkbox"/> N <input type="checkbox"/>	Smart Card issued Y <input type="checkbox"/> N <input type="checkbox"/>	Expiry date	