

Empower Project Enrolment Form

Please complete using BLOCK CAPITALS



Group Details

Group Name:

.....

Course Code*:

Course Title:

.....

Location:

Day of Class:

Class Time:

.....

Course Code*:

Course Title:

.....

Location:

Day of Class:

Class Time:

.....

Course Code*:

Course Title:

.....

Location:

Day of Class:

Class Time:

.....

Course Code*:

Course Title:

.....

Location:

Day of Class:

Class Time:

.....

*Course codes to be entered by admin

Personal Information

Surname:

Title:

Male ☐

Female ☐

.....

Forename(s):

Date of Birth: / /

.....

Home Address:

.....

.....

.....

Post Code:

.....

Telephone Number: Daytime:

Evening:

.....

E-mail address:

Mobile No:

.....

Internal Use Only

Student Reference No:

Details Input to MIS by:

Date:

Learning Support

Do you wish to declare a learning support need?

Yes ☐ No ☐

Do you require any support in order to attend your chosen session

Yes ☐ No ☐

If so please state:

Please contact the administration office to set up additional support if required on T: 028 7939 5237

Do you have a medical condition which may affect your participation on your chosen course?

Yes ☐ No ☐

Are your day to day activities limited because of a health problem or disability?

Yes ☐ No ☐

Please state the type of impairment which applies (tick all that apply)

Specific learning disability (dyslexia) ☐

Blind or partially sighted ☐

Deaf or hard of hearing ☐

Mobility difficulty ☐

Autistic spectrum disorder ☐

Mental Health Condition ☐

Unseen disability (diabetes/epilepsy) ☐

Dyspraxia ☐

IMPORTANT: PLEASE READ CAREFULLY

I certify that the details on this form are correct, that I wish to enrol for the course listed.

Learner's Signature:

Date: / /

ACCEPTABLE USE POLICY

You must read and agree to abide by the College's **ACCEPTABLE USE POLICY** to gain access to its Computer Systems. This is available for you to read at the point of enrolment or at www.nrc.ac.uk. By signing below, you agree to use the College's computer systems **FOR** educational purposes, and **NOT FOR** any illegal, offensive, malicious purpose or commercial gain, or, in any way which threatens the security of the College's systems, or contravenes College regulations. By signing you also accept that the College may monitor your use of computer systems, prevent access to certain Internet resources, and terminate your access to systems if you engage in unacceptable use. Offences may also result in disciplinary or legal action. I have read and understood the College's Acceptable Use policy and agree to abide by it.

Signature:

All personal data will be held in accordance with the Data Protection Act (1998). Your information may be accessed by other Civil Service Departments and government agencies. At no time will your personal information be passed onto organisations for marketing or sales purposes.