

ENROLMENT FORM 2016-2017

Putney School of Art and Design,
Oxford Road, London SW15 2LQ

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www.enablelc.org



managed by



Title (Mr/Mrs/Miss/Ms)	Family Name		
Other names			
Home address			
			Post code
Telephone		Email	
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Do you live in the Borough of Wandsworth? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Student ID

I wish to join the following courses:

Course ID No.	Course Title	Day	Time	Start Date	Standard fee	Reduced fee	Fee Paid

Office use only		
Term 1	Term 2	Term 3
Fee	Fee	Fee

Equal Opportunities
The following is required for equal opportunities monitoring. Please indicate the ethnic group to which you see yourself belonging by ticking the appropriate box.

- Asian or Asian British – Bangladeshi 11
- Asian or Asian British – Indian 12
- Asian or Asian British – Pakistani 13
- Asian or Asian British – Any Other Asian Background 14
- Black or Black British – African 15
- Black or Black British – Caribbean 16
- Black or Black British – Any Other Black Background 17
- Chinese 18
- Mixed – White and Asian 19
- Mixed – White and Black African 20
- Mixed – White and Black Caribbean 21
- Mixed – Any Other Mixed Background 22
- White – British 23
- White – Irish 24
- White – Any Other White Background 25
- Any Other 98
- Not provided 99

To be completed if claiming reduced fees

1. Are you over 60 and a Wandsworth resident? Yes

Emergency contact details

Name _____

Telephone _____

How did you first hear about the School?

<input type="checkbox"/> Not stated	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet
<input type="checkbox"/> Friend/relative	<input type="checkbox"/> Existing student	<input type="checkbox"/> Floodlight
<input type="checkbox"/> Hotcourses	<input type="checkbox"/> Brochure/leaflet	<input type="checkbox"/> Poster
<input type="checkbox"/> Other (please state) _____		

Office use only

Evidence seen (initial and date)

	Term 1	Term 2	Term 3
Address			
Other			
Age			

Do you consider yourself to suffer from mental ill health, or have a learning difficulty or disability? Yes No

If yes, would you like someone to contact you about this? Yes No

At no time will your personal information be passed on for marketing or sales purposes.

We may however, approach you to take part in surveys or about new learning opportunities. Please tick the box if you do not wish to be contacted for these purposes.

To be completed by all applicants

I certify that the information given in this form is correct. I accept the terms and conditions of enrolment. I agree to provide evidence of any entitlement to reduced fees on request and to pay all outstanding amount when due.

I am aware that fees are refunded only when PSAD closes courses.

Signature _____ Date _____