

**Guernsey College of Further Education  
Adult Education Enrolment Form**

**This form may be photocopied**

SURNAME: .....

Home tel: .....

FIRST Name: .....

Work tel: .....

Mr/Mrs/Ms please delete

Mobile .....

ADDRESS: .....

Email .....

.....

Are you in full time education delete YES/NO

**Have you enrolled for an Adult Education course during the past year? YES/NO** please delete as appropriate

**Please enrol me for the following course(s):**

COURSE NUMBER	TITLE OF COURSE	FEE

**Should your course be over-subscribed, you may elect to indicate a second choice.  
For RYA Sailing Courses, this is essential.**

Please provide the following information if a concessionary fee is being claimed:

- i) Date of birth if under 18 years old: .....
- or ii) Type and benefit number .....
- or iii) States Pension number .....

**Payment Details**

**Cheque(s).** For multiple course applications, please remember to send a separate cheque for each course. This enables us to return your cheque should a place be unavailable on one of your course choices. Please make all cheques payable to 'States of Guernsey'.

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**Course Fees:**

**Credit Card/ Debit Card Details:**

**Type of Card: Visa, Mastercard, Barclaycard, Switch, Maestro** please indicate

Card Number			
Expiry Date	For Switch Issue Date Required	Security Number (last 3 numbers on rear of the card)	
Name on Card	Signature		

Office Use Only:

Total Course Fee	Enrolment accepted by	Accepted date
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**Return to: Adult Education, PO Box 578, St Peter Port, Guernsey GY1 6LG.  
Or drop in, by hand, to College of Further Education or fax: 746720**