

## APPLICATION FORM

First Name..... Surname .....

Mr/Mrs/Miss/Ms (please delete as appropriate) Email .....

Mobile tel. .... Home tel. ....

Address .....

Postcode ..... Work tel. ....

Date of Birth ..... Are you in full time education? YES/NO

**Our part-time courses are available to students over the age of 16.**

Have you enrolled on a part-time course in the past year? YES/NO

### Course(s) you wish to apply for:

Ref number	Course Name	Course Fee
	<b>Total fees</b>	

**PLEASE NOTE WE DO NOT REQUIRE PAYMENT AT THIS STAGE.** We will confirm your place once minimum numbers have been reached and will request payment/confirm that payment has been taken at that stage. Fees are non-refundable unless the course is cancelled by Guernsey College of Further Education. Course places are non-transferable. Guernsey College of Further Education reserves the right to amend or cancel any courses.

### Who will be paying the fees?

☐ Self ☐ Employer ☐ Other (please state)

Cheques/postal orders should be made out to the States of Guernsey

**Credit/debit card details** If paying by card, please complete:


☐

☐

☐

No.

Valid from     Expires on

Issue no.

Total £..... I agree to my card being charged as above

Cardholder's name .....

Cardholder's signature..... Date.....

**Current employer** (complete ONLY if your employer is paying your fees)

Company name .....

Address .....

Postcode ..... Tel no. ....

Email .....

I am authorised to approve the payment of all fees associated with the course for the student and understand that my company remains liable for payment irrespective of the employee moving to another employer after enrolment.

If you/your company would like this information to be used for marketing purposes by Guernsey College of Further Education please tick ☐

Name .....

Position .....

Please invoice the company £.....

Signature .....

## Emergency contact details

Name..... Tel no. ....

What is your first language?..... Nationality .....

Country of birth .....

## Learning support and wellbeing

GCFE is committed to supporting the requirements of people with additional learning needs, disabilities and/or health issues. Please help us to support you by completing the following section. Any disclosure you make will be used only to help us consider whether we are able to make adaptations to support you in your course. If you consider yourself as having a learning difficulty, disability and/or health issue please tick the relevant boxes below.

- ☐ Visual impairment
- ☐ Mobility impairment
- ☐ Other physical impairment
- ☐ Other medical condition (e.g. diabetes/epilepsy)
- ☐ Emotional/behavioural difficulties
- ☐ Temporary impairment after illness/accident
- ☐ Mental health difficulty
- ☐ Dyslexia
- ☐ Profound and complex learning disability

- ☐ Asperger's Syndrome
- ☐ Dysaculia
- ☐ Autism spectrum disorder
- ☐ Hearing impairment
- ☐ Moderate learning difficulty
- ☐ Severe learning difficulty
- ☐ Wheelchair user

Other .....

Data Protection/Privacy Statement: The Guernsey College of Further Education processes the personal data that you provide, via this application form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information in relation to how your personal data is processed can be found by viewing the full Fair Processing Notice. This can be found at [www.guernseycollege.ac.gg/GDPR](http://www.guernseycollege.ac.gg/GDPR).

**I certify that the details of this application are current and correct to the best of my knowledge**

Applicant's signature..... Date .....

Return to: Applications, PO Box 578, St Peter Port, Guernsey, GY1 6LG  
Tel 737500. Email [enrolment@gcfe.net](mailto:enrolment@gcfe.net).

By hand: Guernsey College of Further Education, Route du Coutanchez, St Peter Port, GY1 2TT