



STRANMILLIS UNIVERSITY COLLEGE  
A College of Queen's University Belfast

**PROFESSIONAL DEVELOPMENT**

**COURSE ENROLMENT FORM**

Please complete the form in BLOCK capitals using blue or black pen.

**PERSONAL INFORMATION**

SURNAME	FORENAME	TITLE

Home Address		
	Postcode	Date of Birth:

Home No:	Work No:	Mobile No:
Email Address:		

Next of Kin Name
Relationship to Applicant
Next of Kin Contact Information

Car Registration No:
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***Parking is restricted on Campus.  
Security staff will advise on arrival.***

Stranmillis University College welcomes people with learning difficulties and/or disabilities.
<input type="checkbox"/> Please (✓) if you hold a <b>Blue Badge</b> disability disc and ensure that you display the disc prominently when parking on campus.

**FEES**

Course Title	Course Code	Day	Fee
1.			£
2.			£
3.			£
4.			£
<b>TOTAL</b>			£

**REFUNDS**

We regret that fees cannot be refunded except when a course does not run or if your application is rejected because the course is full. Please note we cannot offer refunds for the Certificate of Attainment option on Learning Hubs once this has been paid. The University College is unable to refund fees when, for whatever reason, the student fails to attend.

## PAYMENT DETAILS

<input type="checkbox"/> <b>Invoice Employer:</b> Name & Address of Employer _____ _____ Contact email: _____ Phone: _____ Purchase Order Number: _____
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<input type="checkbox"/> Cash (Receipt Number _____)	
<input type="checkbox"/> Cheque (payable to ' <b>Stranmillis University College</b> ) Post cheque and enrolment form to:	Stranmillis University College Stranmillis Road Belfast BT9 5DY
<input type="checkbox"/> Credit or Debit Card (2.5% charge will be added for Credit Card payments)	
<b>NB:</b> Booking enquiries or assistance in completing this form please telephone <b>028 9038 4345</b>	

## MARKETING INFORMATION

Please indicate with a **tick (✓)** how you found out about Continuing Professional Development and Lifelong Learning at Stranmillis University College:

<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	Radio Publicity
<input type="checkbox"/>	Email Distribution	<input type="checkbox"/>	Local Library
<input type="checkbox"/>	Leaflet drop in local area	<input type="checkbox"/>	Direct Mail Out
<input type="checkbox"/>	Via clubs & societies	<input type="checkbox"/>	Stranmillis Web site
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Other _____

Are you a graduate of Stranmillis University College?	<b>YES or NO</b>
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Please **tick (✓)** if you agree to the College:

<input type="checkbox"/>	Providing your email address to course tutor.
<input type="checkbox"/>	Using your photographic images, comments & name for publicity and advertising purposes.
<input type="checkbox"/>	Contacting you for research purposes.
<input type="checkbox"/>	Contacting you to offer other education products.

## DATA PROTECTION

I understand the information provided by me will be handled in accordance with the Data Protection Act 1998. I also agree to notify the college of any changes to my personal details.

I declare that all information provided on this form is correct and I undertake to pay all fees due to the college in relation to this enrolment(s).

<b>SIGNATURE:</b>  	<b>DATE:</b>  
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