



**U18 PROFESSIONAL SHORT  
COURSE QUALIFICATIONS  
STUDENT REGISTRATION FORM  
2011/12**

Please complete **all** parts of the form in blue or black ink and, if you are unsure about any part, a member of Harper Adams University College staff will be pleased to help you. Please ensure that the Enrolment Agreement in Section 4 is signed before submission.

**Post To: Short Course Office, Harper Adams University College, Edgmond, Shropshire TF10 8NB**

**1. An Introduction to Farm Animal Management and Production**

I wish to reserve a place on the Introduction to Farm Animal Management and Production course in August 2012.

In the event that the course is over-subscribed I would consider an alternative date.

Please indicate a preferred week(s) that would be a suitable alternative

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I will arrive/register the evening before and require 3 nights' accommodation (please circle)	Yes / No
I will arrive/register the morning of the course and require 2 nights' accommodation (please circle)	Yes / No
I will arrive/register the morning of the course and be non-residential (please circle)	Yes / No

**2. Personal Details**

<b>Title</b> (Tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	<b>Date of Birth</b>	<b>Gender</b> (Tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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<b>Surname:</b>	<b>Forenames:</b>
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<b>Surname on 16<sup>th</sup> birthday:</b>	<b>Preferred forename:</b>
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<b>Home address</b> (not your work address):	<b>Parent/Guardian address</b> (if different from home address):
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<b>County (or Country if not UK):</b>	<b>County (or Country if not UK):</b>
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<b>Postcode:</b>	<b>Postcode:</b>
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<b>Telephone:</b>	<b>Telephone:</b>
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<b>Mobile No:</b>	<b>Email address:</b>
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<b>Emergency Contact: Parent/guardian</b>	
Name (Block Capitals):	Telephone number: (If different from above)

Relationship to you:	Mobile:
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**Disabilities:** Do you have a disability which could cause you difficulty during your course? (Tick)

No Disability	<input type="checkbox"/> 00	Wheelchair user/mobility difficulties	<input type="checkbox"/> 04	Multiple disabilities	<input type="checkbox"/> 08
Learning difficulty e.g. dyslexia	<input type="checkbox"/> 01	Personal care support	<input type="checkbox"/> 05	A disability not listed above	<input type="checkbox"/> 09
Blind/partially sighted	<input type="checkbox"/> 02	Mental health difficulties	<input type="checkbox"/> 06	Autistic spectrum disorder	<input type="checkbox"/> 10
Deaf/hearing impairment	<input type="checkbox"/> 03	Unseen disability e.g. diabetes, epilepsy, asthma	<input type="checkbox"/> 07	Information refused	<input type="checkbox"/> 97

### 3. Other Details

**Have you previously studied in Higher Education in the UK for 6 months or more?** (*new students only*)  
(Tick) Yes  No

**Ethnic Origin** (Tick)

White	<input type="checkbox"/> 11	Pakistani	<input type="checkbox"/> 32	Mixed – White and Black African	<input type="checkbox"/> 42
Black Caribbean	<input type="checkbox"/> 21	Bangladeshi	<input type="checkbox"/> 33	Mixed – White and Asian	<input type="checkbox"/> 43
Black African	<input type="checkbox"/> 22	Chinese	<input type="checkbox"/> 34	Other Mixed background	<input type="checkbox"/> 49
Other Black background	<input type="checkbox"/> 29	Other Asian background	<input type="checkbox"/> 39	Other	<input type="checkbox"/> 80
Indian	<input type="checkbox"/> 31	Mixed – White and Black Caribbean	<input type="checkbox"/> 41	Information refused	<input type="checkbox"/> 98

**What is your Nationality?** (the country you were born in or originate from)

**What is your First language?**

**What is your Country of Domicile?** (the country you are a resident of) (Tick)

England	<input type="checkbox"/> ENG	Scotland	<input type="checkbox"/> SCO	Wales	<input type="checkbox"/> WAL	N. Ireland	<input type="checkbox"/> NI
Isle of Man	<input type="checkbox"/> IM	Jersey	<input type="checkbox"/> JE	Guernsey (including Alderney, Sark)			<input type="checkbox"/> GG

**If other please specify:**

**What Qualifications have you achieved or are currently studying?** (Tick)

GNVQ/GSVQ Level 4	<input type="checkbox"/> 26	BTEC national certificate or diploma (inc. ONC, OND equiv)	<input type="checkbox"/> 41	A / AS levels SQA Higher SQA Adv Higher	<input type="checkbox"/> 40
NVQ/SVQ Level 4	<input type="checkbox"/> 27	HNC or HND	<input type="checkbox"/> 24	Baccalaureate	<input type="checkbox"/> 47
GNVQ/GSVQ Level 3	<input type="checkbox"/> 37	Dip HE	<input type="checkbox"/> 25	NVQ/SVQ Level 2	<input type="checkbox"/> 57
NVQ/SVQ Level 3	<input type="checkbox"/> 38	Foundation course at FE level	<input type="checkbox"/> 43	GCSEs	<input type="checkbox"/> 55
<b>Other</b> (please specify):				Professional qualifications	<input type="checkbox"/> 28

**Do you consider that you live in a rural or urban area?**

Rural  Urban

**Do you have a farming background?**

Yes  No

## 4. Enrolment Agreement

I confirm that the details entered on this form are true and accurate in all respects and I agree to comply at all times with all the University College's rules and regulations as set out in the College Regulations 2009/10.

You must note that the surname and forename(s) taken from this enrolment form and agreed by you as correct, will be those used on your final award certificate and transcript and other University College documentation.

I also agree to abide by the conditions for the use of computer systems at the University College. The conditions are set out in the Acceptable Use Policy, a copy of which is available on request.

I understand that the data I provide on this enrolment form will be held and processed in accordance with the Data Protection Act 1998 and that the information will be shared with external agencies, including the Higher Education Statistics Agency (HESA) and limited personal details will be shared with the Students' Union at the University College.

### HESA – Student Collection Notice

HESA will pass your data record, or parts of it, to any of the government organisations listed at <http://www.hesa.ac.uk/collection-notices> that need it to carry out their statutory functions connected with higher education.

HESA and the organisations listed will use the information mainly to produce statistics. This may result in information being published and released to other approved users, including academic researchers and commercial organisations. Your record will not be used in a way that could affect you personally and the organisations will take precautions to reduce the risk of you being identified from the information once it is published and released.

While you are a student, we will need to keep your contact details. These do not form part of your HESA record, so HESA and the organisations listed on the website cannot use this record to contact you. Your contact details may be passed to survey contractors to carry out the National Student Survey and surveys of student finances, on behalf of the education organisations listed above. These organisations and their contractors will use your details only for that purpose, and will then delete them.

About six months after you graduate, we will contact you to ask you to fill in the HESA 'Destinations of Leavers from HE' survey. We will not give your contact details to HESA. You might be included in a sample of leavers who are surveyed again a few years after they graduate. If so, we will pass your contact details to the organisation that has been contracted to carry out that survey. That organisation will use your details only for that purpose, and will then delete them. (If you do not want to take part in this second survey, please let us know.)

Under the Data Protection Act 1998, you have the right to a copy of the information HESA holds about you. You will have to pay a small fee for this. If you have any concerns about your information being used for these purposes, please contact HESA at HESA, 95 Promenade, Cheltenham, GL50 1HZ. Website: [www.hesa.ac.uk](http://www.hesa.ac.uk).

**By signing below I accept the terms and conditions set out above.**

**Student Signature:**

**Date:**

**Parent/Guardian Signature:**

**Date:**

For office use only:

**Checked by:**

**Date:**