



**Adult Community Learning and Leisure
Enrolment Form 2023-2024**

THIS FORM IS NOT REQUIRED IF YOU HAVE BOOKED ONLINE USING WISEPAY

Title (Mr, Mrs, etc.)	Given/Personal/First Name(s)		Surname/ Family Name		Date of Birth (dd/mm/yy)		
Address					Daytime telephone no.		
					Evening telephone no.		
Postcode		Email					
Course			Start date		Time		Fee
Declaration: By signing, I certify that the information given is current and correct. I have read and agree to the Terms and Conditions. I have read and understood the course information sheet and understand the costs, entry requirements and suitability of the course of study.							
Learner Signature:			Date				

Do you have any difficulties that may affect your learning or evacuation from the building in the case of an emergency? You have the right not to disclose your disability, but this will mean we may not be able to provide you with relevant support.

Please provide details if you require any assistance _____

How we use your data: <http://www.sawstonadulthood.org/wp-content/uploads/2018/12/Privacy-Notice-for-Adult-Learning-Customers-Dec-2018.pdf>