



Sawston  
Adult  
Learning



**Adult Community Learning and Leisure  
Enrolment Form 2026-2027**

**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 |
|                                                                                                                                                                                                                                                                                              |                              |                      |                          |     |
|                                                                                                                                                                                                                                                                                              |                              |                      |                          |     |
| <b>Declaration:</b> 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. |                              |                      |                          |     |
| <b>Learner Signature:</b>                                                                                                                                                                                                                                                                    |                              | 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 and data protection: <https://anglianlearning.org/gdpr-policies/>

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