

ENROLMENT FORM 2008-2009

Putney School of Art and Design, 38 West Hill, London, SW18 1RZ

Tel: (020) 8788 9145 Fax: (020) 8788 2265 www.wandsworth.gov.uk/psad



Title (Mr/Mrs/Miss/Ms) _____ Family Name _____

Other names _____

Home address _____
Post code _____

Telephone _____ Email _____

Date of Birth _____ Male Female

Do you live in the Borough of Wandsworth? Yes No

I wish to join the following courses: (Cheques made payable to Wandsworth Borough Council)

| Course Title | Day | Time | Start Date | In Borough fee | Out of Borough fee | Reduced fee | Fee Paid |
|--------------|-----|------|------------|----------------|--------------------|-------------|----------|
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| Office use only | | |
|-----------------|------------|------------|
| Term 1 Fee | Term 2 Fee | Term 3 Fee |
| | | |
| | | |
| | | |
| | | |
| | | |

Card Number _____ Start date _____ Expiry date _____ Issue number _____ if appropriate

Equal Opportunities
The following is required for equal opportunities monitoring. Please indicate the ethnic group to which you see yourself belonging by ticking the appropriate box.

- Asian or Asian British – Bangladeshi 11
- Asian or Asian British – Indian 12
- Asian or Asian British – Pakistani 13
- Asian or Asian British – Any Other Asian Background 14
- Black or Black British – African 15
- Black or Black British – Caribbean 16
- Black or Black British – Any Other Black Background 17
- Chinese 18
- Mixed – White and Asian 19
- Mixed – White and Black African 20
- Mixed – White and Black Caribbean 21
- Mixed – Any Other Mixed Background 22
- White – British 23
- White – Irish 24
- White – Any Other White Background 25
- Any Other _____ 98
- Not provided 99

To be completed if claiming Reduced Fees

- Are you over 60? Yes 1
- If you are receiving any of the following, please tick the appropriate box:
 - Job Seekers Allowance 2
 - Income Support 3
 - Working Families Tax Credit 4
 - Disabled Persons Tax Credit 5
 - Housing/Council Tax Benefit 6
- Are you unwaged and dependent on someone who is in receipt of one of the above benefits? Yes 7

Office use only

Evidence seen (initial and date)

| | Term 1 | Term 2 | Term 3 |
|---------|--------|--------|--------|
| Address | | | |
| Benefit | | | |
| Age | | | |

| | Term 1 | Term 2 | Term 3 |
|--------|--------|--------|--------|
| Mats | | | |
| Models | | | |

Do you consider yourself to suffer from mental ill health, or have a learning difficulty or disability? Yes No

If yes, would you like someone to contact you about this? Yes No

How did you first hear about the School?

Not stated 0 Newspaper 1 Internet 2 Poster 3
 Friend/relative 4 Existing student 5 Floodlight 6
 Hotcourses 7 Brochure/leaflet 9
 Other (please state) 10 _____

To be completed by all applicants

I certify that the information given in this form is correct. I agree to provide evidence of any entitlement to reduced fees on request and to pay all outstanding amount when due.

I am aware that fees are refunded only when PSAD closes courses.

Signature _____ Date _____

| Office use only: Fee Payments | | |
|-------------------------------|-------------|----------|
| Date | Receipt no. | £ Amount |
| | | |
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This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

