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| <u>ENR</u> | <u> COLM</u> | <u>ENT F</u> | ORM | | Registered Charity No. 528782 | | | |
|--|-----------------------------------|------------------|---|----------------------|--|--|-----------------|--|
| PERS | ONAL | DETAILS | 5: The | se details may be us | sed to inform you of future courses. | | | |
| | | | | | Dat | e of Birth: | // | |
| Surname: | | | | | First Name: | | | |
| Address: | | | | | Contact No: | | | |
| | | | | | Emergency Contact No: | | | |
| Town: | | | | | Email: | | | |
| Post Code: | | | | | Membership No. (If you have one): | | | |
| COU | RSE AN | D FEE D | ETAILS: | | | | OFFICE USE ONLY | |
| Term: | | Course | Course Title: | | Course | Receipt No. | | |
| Aut | Spr | Sum | Code: | | | Fee: | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Chequ | | ole to: Ti | : We take Cheq u HE PERCIVAL GU | | d/PGH Gift Vouchers. Do not send your card detail EVACUATION INFORMATION | | rm | |
| Proof of entitlement MUST be provided at the time of enrolment and may be checked with the DSS or DfEE. (1) Job Seekers Allowance | | | | | Can you use the stairs unaided in an emergency? YES NO | | | |
| | _ | | ncil Tax Benefit. | | DATA PROTECTION: | DATA PROTECTION: | | |
| (5) Em (6) Uni (7) Per | ploymen versal Cr nsion Cre | t & Supp edit | | ncome based) | Your personal data given on this form is held on our database and is processed in accordance with the General Data Protection Regulation (GDPR) May 2018. Please sign this form to confirm you agree to our privacy policy available in the office or at "www.percival-guildhouse.co.uk" | | | |
| (New S | Students | only) W | HERE YOU HEA | ARD ABOUT US: | DECLARATION: I consent to the PGH using my Administrative purposes- to | | garding PGH. | |
| Atten | Social | ars ago: | | f Mouth: | Statistical purposes- to mana inform decision making. | Statistical purposes- to manage the curriculum and inform decision making. | | |
| | In | ternet: | | Other: | Brochure distribution - to contact you when new brochures are available. | | | |
| Signat | :ure: | | | | Date: | | | |