



COMMUNITY AND EVENING CLASS APPLICATION FORM

When fully completed please return to – Borders College, 6 Market Place,
JEDBURGH, TD8 6AP

Guidance on completing your application form - Please complete this form in full (both sides), enclose the relevant payment and return to the address above. On receipt of your application form and payment a place will be booked for you and a letter of confirmation will be sent. **Places can only be booked on receipt of full payment.**

Personal Details

Title:..... Forename(s)

Surname

Address

.....

Post Code..... Date of Birth Daytime Tel

Evening Tel..... Mobile Tel.....

Course Choice

Please give the FULL title of the course for which you are applying.

Title..... Code

Campus Start Day.....

Title..... Code

Campus Start Day.....

Payment Details

Please ensure you include full payment to reserve your place – **do not** send cash.

Switch/Credit/Debit Card:

Account/Card Number:

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Start Date Expiry Date..... Issue No

3 Digit Security Code..... Cardholder's Postcode..... House Number.....

Cardholder's signature Date

Or - I enclose a cheque made payable to Borders College for: £

If you wish to use your ILA Account towards payment – please note your number below:

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Please also note that, your ILA funds must be available to be taken from your account on the **start date** of the course.

Office Use:

Amount Received	£	Receipt No.		Received by	
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Free Class . If you are booking a Certificate or Computing & IT class you may be able to claim a free class if you are in receipt of certain benefits. Please send a copy of your benefit evidence along with your booking form, or request a form from Finance if you are claiming on the grounds of low income (telephone 01896 662533).

If you are over the age of 60 you can claim a 50% discount on **tuition fees** for computing classes .

Company Voucher (please attach). Interest Link Buddy .

As the College wishes to assist and support all students in their learning, please answer the following questions:

Do you have any of the following support requirements for the course you are booking:

- | | | |
|------------------------|------------------------------|-----------------------------|
| Medical Problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Disabilities | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Special Learning Needs | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

We would encourage you to share details of any difficulties/disabilities you may have so we can prepare to help you make the most of your time at College.

Please insert details in the space below.

Signed

This form, together with payment etc, should be returned to:
Borders College, 6 Market Place, JEDBURGH, TD8 6AP



Charity Number SC021180