



COURSE ENQUIRY FORM – CEF

Part 1: (Please fill in part 1 only)

Personal Details:

Mr. Mrs. Miss Ms. Other Enquiry No.

First Names: Surname:

Date of Birth: (as per passport) Nationality:

Address:

City: Post Code:

Phone: Home: Mobile:
E-mail:

Qualifications:

Occupation:

Employed: Company Name:

Unemployed: Benefit name and reference:

Student Support – Do you think you need help with any of the following?

English Maths IT EFL/ESOL Lang. Study Skills

Other (please specify) _____

Do you consider yourself to have a disability?

Yes

No

If so please tick which of the following applies to you:

Mental Physical/Mobility Visual Impairment Hearing Impairment

Moderate learning difficulty Severe/Multiple learning difficulties

Dyslexia Dyscalculia Dyspraxia

Other (please specify) _____

Funds or Fee Remission:

Self Funded: Other: Please (Specify Source):

Courses of Interest:

Course title(s): Level: Start Time: Start Date:

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