

**EMPLOYER ENGAGEMENT:
PROFESSIONAL SHORT
COURSE QUALIFICATIONS
STUDENT REGISTRATION FORM
2011/12**



Harper Adams
University College

Please complete **all** parts of the form in blue or black ink and, if you are unsure about any part, a member of Harper Adams University College staff will be pleased to help you. Please ensure that the Enrolment Agreement in Section 5 is signed before submission. We are unable to process your registration if all the information is not provided. This may mean we are unable to send confirmation of your examination results to you.

1. Which qualification are you studying towards?

Title of course:

My preferred dates are (see website for those available):

ONLY TO BE COMPLETED IF YOU ARE STUDYING AT THE HARPER ADAMS CAMPUS IN SHROPSHIRE

I will require accommodation for the duration of the course (please circle) Yes / No

I will arrive early and wish to book bed and breakfast accommodation for the evening preceding the start of my course (please circle) Yes / No

I wish to sit the assessments for the above qualification but will be studying from home

2. Personal Details

Title (Tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	Date of Birth	Gender (Tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname:						Forenames:			
Surname on 16th birthday:						Preferred forename:			
Home address (not your work address):									
County (or Country if not UK):									
Postcode:					Telephone:				
Email address:					Mobile No:				
Emergency Contact: Please give the name and telephone number(s) (other than your home number) of someone the College could contact in the event of an emergency.									
Name (Block Capitals):					Emergency telephone number 1:				
Relationship to you:					Emergency telephone number 2:				

Disabilities: Do you have a disability which could cause you difficulty during your course? (Tick)

No Disability	<input type="checkbox"/> A	Specific learning difficulty e.g. dyslexia	<input type="checkbox"/> G	Physical impairment / mobility issues	<input type="checkbox"/> H
Social/communication impairment e.g. Aspergers/autism	<input type="checkbox"/> B	Mental health condition e.g. depression, anxiety disorder	<input type="checkbox"/> F	Disability, impairment or medical condition not listed above	<input type="checkbox"/> I
Blind or serious visual impairment uncorrected by glasses	<input type="checkbox"/> C	Long standing illness or health condition e.g. diabetes, epilepsy	<input type="checkbox"/> E	Two or more impairments / disabling medical conditions	<input type="checkbox"/> J
Deaf/hearing impairment	<input type="checkbox"/> D				

3. Other Details

Have you previously studied in Higher Education in the UK for 6 months or more? (*new students only*)
(Tick) Yes No

Ethnic Origin (Tick)

White	<input type="checkbox"/> 11	Pakistani	<input type="checkbox"/> 32	Mixed – White and Black African	<input type="checkbox"/> 42
Black Caribbean	<input type="checkbox"/> 21	Bangladeshi	<input type="checkbox"/> 33	Mixed – White and Asian	<input type="checkbox"/> 43
Black African	<input type="checkbox"/> 22	Chinese	<input type="checkbox"/> 34	Other Mixed background	<input type="checkbox"/> 49
Other Black background	<input type="checkbox"/> 29	Other Asian background	<input type="checkbox"/> 39	Other	<input type="checkbox"/> 80
Indian	<input type="checkbox"/> 31	Mixed – White and Black Caribbean	<input type="checkbox"/> 41	Information refused	<input type="checkbox"/> 98

What is your Nationality? (the country you were born in or originate from)

What is your First language?

What is your Country of Domicile? (the country you are a resident of) (Tick)

England	<input type="checkbox"/> ENG	Scotland	<input type="checkbox"/> SCO	Wales	<input type="checkbox"/> WAL	N. Ireland	<input type="checkbox"/> NI
Isle of Man	<input type="checkbox"/> IM	Jersey	<input type="checkbox"/> JE	Guernsey (including Alderney, Sark)		<input type="checkbox"/> GG	

If other please specify:

What is your Highest Qualification on Entry to this course (Tick)

UK First Degree with Honours	<input type="checkbox"/> HUK	Diploma at level 3 (e.g. BTEC ND)	<input type="checkbox"/> P41	Level 3 qualification subject to UCAS tariff (e.g. SQA Higher)	<input type="checkbox"/> P91
Non-UK first degree	<input type="checkbox"/> HZZ	Higher National Diploma	<input type="checkbox"/> J30	Welsh Baccalaureate Advanced Diploma	<input type="checkbox"/> P68
UK masters degree	<input type="checkbox"/> MUK	Foundation degree	<input type="checkbox"/> J10	14-19 Advanced Diploma	<input type="checkbox"/> P51
Higher National Certificate	<input type="checkbox"/> C30	A / AS levels	<input type="checkbox"/> P50	Other qualification at level 2 (e.g. GCSE)	<input type="checkbox"/> Q80
Other (please specify):				Other qualification level not known	<input type="checkbox"/> X04

4. Employer Details (Tick)

My course will be paid for by: Myself My employer Other sponsor

Billing address (if your course is to be paid for by your employer or other sponsor):

County (or Country if not UK):

Postcode:

Telephone:

Name of organisation / company: _____

How many people does your company employ: 1-249 employees More than 249 employees
Which **one** of the following best fits what your company does:

<input type="checkbox"/> 01	Agriculture, hunting and forestry
<input type="checkbox"/> 02	Anim I Health, veterinary and medical sciences
<input type="checkbox"/> 03	Construction
<input type="checkbox"/> 04	Crops/plant sciences
<input type="checkbox"/> 05	Electricity, gas and water supply
<input type="checkbox"/> 06	Finance and law
<input type="checkbox"/> 07	Health and social work
<input type="checkbox"/> 08	Manufacturing
<input type="checkbox"/> 09	Public administration, defence, social security
<input type="checkbox"/> 10	Real estate, renting and business activities
<input type="checkbox"/> 11	Transport, storage and communication
<input type="checkbox"/> 12	Wholesale and retail trade or repair of motor vehicles/motorcycles and personal/household items
<input type="checkbox"/> 13	Education
<input type="checkbox"/> 14	Other community, social & personal service activities

5. Enrolment Agreement

I confirm that the details entered on the enrolment form are true and accurate in all respects and I agree to comply at all times with all the University College's rules and regulations as set out in the College Regulations 2011/12.

You must note that the surname and forename(s) taken from the enrolment form and agreed by you as correct, will be those used on your final award certificate and transcript and other University College documentation.

I also agree to abide by the conditions for the use of computer systems at the University College. The conditions are set out in the Acceptable Use Policy, a copy of which is available on request.

I understand that the data I provide on the enrolment form will be held and processed in accordance with the Data Protection Act 1998 and that the information will be shared with external agencies, including the Higher Education Statistics Agency (HESA) and limited personal details will be shared with the Students' Union at the University College.

HESA – Student Collection Notice

We will send some of the information we hold about you to the Higher Education Statistics Agency (HESA). This information forms your HESA record, which does not include your contact details.

If you are studying for the award of a University College qualification, we will contact you about six months after you complete your studies to ask you to fill in the HESA 'Destinations of Leavers from HE' questionnaire. We will not give your contact details to HESA. You might be included in a sample of leavers who are surveyed again a few years after they graduate. If so, we will pass your contact details to the organisation that has been contracted to carry out that survey. That organisation will use your details only for that purpose, and will then delete them.
If you do not want to take part in these surveys, please let us know.

The HESA record is used for three broad purposes – in relation to statutory functions; for HESA publications; and for Research, equal opportunity, journalism, and other legitimate interest/public functions. For full details please refer to <http://www.hesa.ac.uk/fpn>.

Under the Data Protection Act 1998, you have rights of access to the data HESA holds about you. You will have to pay a small fee for this. For further information about the HESA record please see www.hesa.ac.uk/dataprot or email data.protection@hesa.ac.uk.

Student Signature:

Date:

For office use only:

Checked by:

Date:

**NOAH Certificate of Animal Health
Training & Assessment Application form**

Student Name: _____

Grouping	Core/O ption	Module (tell us below which options you wish to study)		Face to face training opportunities	Date selection for training (tell us below)	Written examination opportunities 2011/12	Date selection for written examinations (tell us below)	Request for accommodation for training duration (tick)	Request for accommodation for assessment duration (tick)	Special Requirements in relation to training or assessment	Specific requirements in relation to hospitality
A	Core	NCAH: Foundation	Yes	26-28th March 2012, 16-18th July, 10-12th Sept		3-4th May 2012, 30-31st July, 24-25th Sept					
B; must undertake at least one of the three options	Option	NCAH: Farm Animal Health		29-30th March 2012, 13-14th Sept		3-4th May 2012, 30-31st July, 24-25th Sept					
		NCAH: Equine Health & Management		19-20th July 2012		3-4th May 2012, 30-31st July, 24-25th Sept					
		NCAH: Companion Animal Health & Management		29-30th March 2012, 19-20th July, 13-14th Sept		3-4th May 2012, 30-31st July, 24-25th Sept					
C: must undertake at least one of the four options	Option	NCAH: Anaesthesiology		9th July 2012 then annually		3-4th May 2012, 30-31st July, 24-25th Sept					
		NCAH: Equine Parasitology		30th March 2012 then annually		3-4th May 2012, 30-31st July, 24-25th Sept					
		NCAH: Small mammal and exotic health & management		13th Sept 2012 then annually		3-4th May 2012, 30-31st July, 24-25th Sept					
		NCAH: The Use of Antimicrobials in Veterinary Medicine		January 2013 then annually		3-4th May 2012, 30-31st July, 24-25th Sept					

Signed: _____ Fee Payer Name: _____

Submission date: _____ Fee Payer Address: _____

- 1) PLEASE RETURN THIS ONCE COMPLETED TO: NCAH PROJECT, ANIMALS BUSINESS DEVELOPMENT OFFICE, HARPER ADAMS UNIVERSITY COLLEGE, NEWPORT, SHROPSHIRE, TF10 8NB
- 3) ON RECEIPT OF THIS COMPLETED FORM BY HARPER ADAMS, ACKNOWLEDGEMENT OF APPLICATION WILL BE SENT OUT
- 2) THIS INFORMATION WILL THEN BE PASSED ONTO THE SHORT COURSE OFFICE AT HARPER ADAMS FOR TRAINING APPLICATION PROCESSING
- 4) AN INVOICE WILL BE RAISED BY HARPER ADAMS AGAINST THE RESPECTIVE COURSE AND EXAMINATION FEES AND SENT TO THE ADDRESS YOU INDICATE AS BEING THE FEE PAYER

For Office Use:		
Date Received: ABDO		Date received: SCCO
Date enrolled onto SITS:	Route	Modules (P status)
Date Invoiced:		