



Leeds Society for
Deaf and Blind People

LSDBP Education Enrolment Form

Personal Information

Title (Mr, Mrs Etc): _____
Name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Mobile Number: _____

E-mail Address: _____

Payment:

Payment method: All courses must be paid in advance/at time of enrolment either by Cheque (made payable to LSDBP), Cash or bank transfer to Sort Code: 05-01-06 Account No. 10212762
If your employer is paying for your course please provide us with the address you would like an invoice sent to along with a contact name, purchase order number or letter of authority.

Name: _____

Address: _____

Phone number: _____

E-mail address: _____

Purchase Order Number (if applicable): _____

Emergency Details: Who should the society contact in case of Emergency:

Name: _____

Telephone Number: _____

Relationship to you: _____

Do you have any medical conditions you wish us to be aware of (e.g dyslexia): _____

Course Information:

Which Course do you want to enrol on (please tick).

BSL Level 1	Wednesday	6.30 to 9 pm	
BSL Level 2	Tuesday	6.30 to 9pm	

Student/Society Agreement

I agree that:

The information on this form is correct to the best of my knowledge and I will inform the society of any changes to my personal details. Should I fail to inform LSDBP of any changes to my personal information LSDBP will not be held responsible for any errors that occur due to this.

I accept full responsibility for the full cost of the course on which I am enrolling, even if my employer is funding. I also agree that fees will not be refundable unless the course fails to run.

I understand that the fees will be paid in full before the start of the course and that any results and/or certificates will not be issued until the relevant fee is received by LSDBP. If I wish to alter courses for any reason an administration fee will be payable. I declare that I will conduct my business within LSDBP's buildings in a safe and respectful manner while adhering to the Health and Safety policy. I understand that the course I have enrolled on may be closed due to lack of recruitment, awarding body validation or any other circumstances beyond the control of LSDBP. I understand in these circumstances I will be advised by the society of another course available or, if this is not available, any fee that I have paid to that date will be refunded to me.

LSDBP agree to:

Hold all information contained on this form and will not share it with any other organisation and that it will be held in accordance with the Data Protection act 1998.

Deliver Training that is applicable to the qualification that you have undertaken and of the utmost standard.

Provide you with health and Safety policy (if applicable)

Provide you with LSDBP's procedure for appeals against examination results (If applicable)

Declaration

I hereby agree to abide by the course terms and conditions, of which I acknowledged receipt.

Signed

Date

Students may be contacted when the course is finished, with the information on new courses; to help us make our courses better or for activities in which we consider you may be interested. If you would like us not to contact you please tick here

Thank you for completing this form
Please ensure payment is enclosed.