

APPLICATION & ENROLMENT FORM



WELLNESS INSTITUTE
SPA • NATURE • SCIENCE

Please complete only the WHITE SECTIONS
of the form in BLOCK CAPITALS and ink

UKPRN

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Section 1: PERSONAL DETAILS

Surname or family name	<input type="text"/>	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
First names	<input type="text"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth (e.g. 31-08-1978)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age on 31 August 2014 <input type="text"/>

Surname

(For office use only)

Have you attended a course at Wellness International Academy? Yes No

If yes, what year did you last attend? What was your group number?

How did you find out about this course?

Your address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address during course, if different	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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E-mail address

Telephone numbers

Home Daytime/Work (if different) Mobile

Important - We may need to contact you via text or email so please let us know if these change.

Who should we contact in an emergency? If you are under 18 this must be a parent or guardian.

Name	<input type="text"/>	Relationship	<input type="text"/>
Telephone Daytime	<input type="text"/>	Telephone Evening	<input type="text"/>

First name

Section 2: THE COURSE(S) YOU WANT TO STUDY

Course and Level (please tick)

Level: Level 2 Level 3 Professional Development Courses

Section 3: ADDITIONAL SUPPORT

The college wants to ensure that you participate as fully as possible in your chosen programme of study. In order to help us to provide support, please tell us if you are aware if the following apply to you by ticking the appropriate box(es) Do you consider that you have a disability? Yes No

If Yes, please tick any boxes on the next page that apply to you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Other medical conditions, eg. epilepsy, asthma, diabetes | <input type="checkbox"/> Temporary disability after illness, eg. post-viral or accident |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Emotional/behavioural difficulties | <input type="checkbox"/> Profound complex disabilities |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Mental health difficulty | |
| <input type="checkbox"/> Other physical disability | | |

Do you consider yourself to have a learning difficulty? Yes No If Yes, please tick any boxes that apply to you:

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other specific learning difficulty | <input type="checkbox"/> Multiple Learning Difficulties |
| <input type="checkbox"/> Severe learning difficulty | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Other Please Specify |

Do you have a learning difficulty which may affect your learning? Yes No

Do you have a Statement of Educational Needs or any other formal documentation relating to learning support?

Yes No

Have you previously had special arrangements for examinations or tests? Yes No

Please state the nature of your learning needs including details of any support that would be benefit to you:

Details sent to ALS Co-ordinator

Section 4: ETHNICITY

Please indicate the ethnic group to which you see yourself belonging to by ticking the appropriate box:

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Mixed/Multiple Ethnic Group | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Any other Black/African/Caribbean background |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Arab |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Any other Mixed/Multiple Ethnic background | |

Section 5: EDUCATION / QUALIFICATIONS

You are required to complete all relevant sections below. List only the qualifications for which you have certified proof (or your predicted grades accompanied by proof). At which secondary school did you sit your WASSCE/GCSE or equivalent

You are required to list any qualification you have, either related to the pre-filled options or any others you are expected to obtain before you start your course with Wellness Institute. If English is not your first language, you must indicate which English language exams you have taken and passed.

Subject	Level	Grade achieved	Year	Subject	Level	Grade achieved	Year
Maths	GCSE/WASSCE						
English	GCSE/WASSCE						
ICT	GCSE/WASSCE						
Science	GCSE/WASSCE						

All must provide their GCSE/WASSCE grades with evidence.

Section 6: OTHER INFORMATION

What is your nationality?

What language(s) do you speak at home?

What is your country of birth?

Section 7: SIGNED DECLARATION

DECLARATION. I certify that the information contained on this form is correct. I hereby accept and agree to abide by the rules and regulations of the college and the provision set out in the notes above and below.

How We Use Your Personal Information

By signing this form, you are agreeing that Wellness Institute is entitled to use the information provided for all purposes connected with the college as an educational institution, including publicity and marketing. The information collected will be stored on Wellness Institute's computerised student record system and may be shared with organisations for the purpose of improving and expanding the delivery of the college's curriculum.

I understand that if I request a letter from the college confirming my status as a student my address may be in the letter.

Signature of Learner

Print name

Date

FOR COLLEGE USE ONLY - DO NOT COMPLETE THIS PAGE

INDIVIDUAL TRAINING PLAN

Applicant Name

Prospective Group Code

Courses

Actual Start Date

Day

Time

COST BREAKDOWN	DETAILS	GHC
Kit and Materials		
Uniform	Tunic Size: _____ Trouser Size: _____	
Exam Registration Fee		
Tuition Fees		
Total Amount Due		
50% Deposite to secure place on course		

Following your interview you will be notified of the outcome of your application within 10 working days. If your application is successful you will be offered a place on the programme, subject to availability, and if any fees will be due at least 30 days before the course starts. The college accepts cash, credit or debit cards and cheque payments. Cheques should be made payable to W INSTITUTE GHANA Ltd.

Signature if Applicant

Date