

Certificate in Student Services Management 2017-2018 Application form

Thank you for your interest in the Cert SSM qualification. Please complete this form and <u>email it to</u> <u>Beth Okona-Mensah</u>. Places will be allocated on a first-come, first-served basis.

1. Personal information:

| First name: | | Surname: | | | |
|---------------------------------------|--|------------------|--|--|--|
| Job title: | | | | | |
| Institution: | | | | | |
| Work address: | | Home address: | | | |
| Tel: | | Tel: | | | |
| Email: | | Email: | | | |
| Please descriteam know a this course. | Please describe your current role in your organisation and responsibilities. This helps the tutoring team know a bit more information about the group. Please include any future plans related to taking | | | | |
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2. Reasons for taking the course

Your aims for the course (i.e. particular areas of focus, what you hope to get out of the course)

3. Employment and educational history

Please give details of your previous roles and any qualifications or training (up to a maximum of 3 roles or the years, whichever is shortest). This is NOT part of the selection criteria, but helps the tutors to understand the group.

| Role | Institution | Dates |
|------|-------------|-------|
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| Title of qualification | Institution | Date obtained | Grade |
|------------------------|-------------|---------------|-------|
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Course selection and fees

Course selection and prices:

| English UK Member | [•] Rate (£1,550) 🖵 | Non-Member Rate (£2,150) |
|-------------------|------------------------------|--------------------------|
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Please note any requirements (e.g. diet / mobility) _

Payment Options (please tick the appropriate box)

| Please invoice my organisation quoting order number (if applicable) | | | |
|--|--|--|--|
| Admittance to the course will not be allowed unless payment has been received | | | |
| □ I enclose a cheque for the <u>deposit</u> or the <u>full payment</u> (please circle the appropriate option) | | | |
| Please make all cheques payable to English UK Ltd | | | |
| □ Please debit my debit/credit card: □VISA □MasterCard □SWITCH □SOLO | | | |
| Card No: | | | |
| Security No: Expiry date: Issue No. (SWITCH only): | | | |
| Card holder's name: Signature: | | | |

Terms and Conditions

Fees

- 1. The course fee covers the provision of the course, all written materials and refreshments.
- 2. English UK reserves the right to refuse any bookings.
- 3. English UK reserves the right to refuse entry to the course if payment has not been received in full by Friday 29 September 2017.
- 4. Places on the course are offered on a first-come-first-served basis.

Refund and Cancellation Policy

- 5. English UK reserves the right to cancel or curtail any course. On the very rare occasion that this is necessary, a full or partial refund of course fees only will be made.
- 6. English UK will only refund fees in full if the participant cancels on or before Friday 29 September 2017. Notice of cancellation must be received in writing.

Important note

- 7. By signing this form, the applicant confirms that s/he has read a copy of the course outline document (at <u>englishuk.com/training</u>) detailing session topics and dates and agrees to be bound by the terms and conditions as set out in the introductory information.
- 8. By counter-signing this form, the applicant's manager confirms that the applicant is suitable for the course and will attend all sessions. Please see the introductory information 2017-18 for replacements policy.

| Applicant Signature | Date | |
|---------------------|------------------|--|
| Manager Name | Manager Position | |
| Manager Signature | Date | |

Please return the completed registration form by post/ email to:

Post: Beth Okona-Mensah, Training Manager, English UK, 219 St John Street, London, EC1V 4LY Email: <u>beth@englishuk.com</u>