## ORKNEY ISLANDS COUNCIL POSTAL APPLICATION FORM 2023

Name:							
Address and							
postcode:							
Telephone:							
Mobile:							
Email Address:							
Do you have a	ny special	needs related	to your cho	sen course(s)?			
Course Details	<b>3</b>						
Ref. No:	Course Details:				Course Fee:	Amount Due:	
					Total Due:	£	
Charges							
Tick the box(e	s) that ap	ply and give de	tails below	:			
Full fee.		50%.		Instalments.	ActiveLife	e	
 [f you have Acti	veLife men	 nbership please p	rovide your	」 card number (on	the back)		
If paying by che	eque, pleas	e make these pay	yable to Orki	ney Islands Coun	cil.		
You may be ask	ed to provi	ide proof of being	eligible to c	laim concessions			
Additional cos	<b>ts:</b> Particip	ants may be requ	uired to pay		terials at the start o	f the course as	
	-		,			kwall, Orkney, KW15	
1NY	mpieteu ro	THE CO CUSTOMER	Scrvice, Ork	ricy islands coun	cii, School Flace, Kii	Rwaii, Orkiicy, RW15	
Office Use Or	nly						
Reason for cor	-	aim:					
Signature:					Date:		

## **Privacy Statement**

We need the information on this form in order to process your enrolment. Providing this public service is the legal basis for the Council's lawful processing of this form. Only members of staff with a need to know will access this information. More information about how the council will process your personal data and about your rights is available here:

https://www.orkney.gov.uk/online-Services/privacy.htm





