

# Course Application Form Spring 2018

Name:	<input type="text"/>	Address:	<input type="text"/>
Telephone No.	<input type="text"/>		<input type="text"/>
Mobile No.	<input type="text"/>	Postcode:	<input type="text"/>
Email:	<input type="text"/>		

Do you have any special needs related to your chosen course(s)?

Ref. No.	Course Details:	Course Fee:	Amount Due:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Do not use this form to apply for A referenced College courses)

Total Due:

Charges: Tick the box(es) that apply:

Full Fee     50%     Instalments     ActiveLife     Budget ActiveLife

Additional costs: All participants are required to provide the required materials and books. For some courses there is an added charge paid in advance on which concessions are not available.

Please make all cheques payable to Orkney Islands Council.      Added Charge:

Refunds will only be considered in extenuating circumstances.      Total Due:

If claiming concessions, please state the reason by ticking one or more of the boxes below:

<input type="checkbox"/> I am aged 60 or over and receive Pension Credit	<input type="checkbox"/>
<input type="checkbox"/> I receive Attendance Allowance	<input type="checkbox"/>
<input type="checkbox"/> I / my child (under 18) receive(s) Disability Living Allowance or Personal Independence Payment	<input type="checkbox"/>
<input type="checkbox"/> I receive Employment and Support Allowance (this may also be called Incapacity Benefit)	<input type="checkbox"/>
<input type="checkbox"/> I receive severe Disablement Allowance (this may also be called Employment and Support Allowance)	<input type="checkbox"/>
<input type="checkbox"/> I am / my child (under 18) is Registered Blind	<input type="checkbox"/>

Signature: <input type="text"/>	Date: <input type="text"/>
---------------------------------	----------------------------

Office Use Only:

Received £ .....  
 Receipt No. ....  
 Approved by: .....  
 Date: .....

Concessions:  
 Please state reason for claim:.....  
 .....  
 Signature: .....  
 Date:.....