



# THE SHELTERED HOUSING NETWORK

PO Box 239, Fitzwilliam, Pontefract, West Yorkshire WF9 5WB  
Phone: 0845 680 9015 Fax: 0871 9941791 E-Mail [info@shn.org.uk](mailto:info@shn.org.uk)

## The Foundation in Sheltered Housing Studies

### ENROLMENT FORM

LOCATION: \_\_\_\_\_

COMMENCEMENT DATE: \_\_\_\_\_

**About You:**

Title (Mr/Mrs/Miss/Ms/Dr) \_\_\_\_\_ Forenames \_\_\_\_\_

Surname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact Address (all correspondence will be sent here)

\_\_\_\_\_  
\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Are you self funding Yes / No \*

Are you funded by your employer Yes / No \*(If yes, please enter your employers details)

\* please delete as appropriate

**Please tick one box which best describes your area of work:**

- Extra Care Sheltered Housing       Control Centre       Floating Support
- Supported Housing       Sheltered Housing       Special Needs       Homeless
- Other (please specify) .....

Employers Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employers Address (This is where we will write to confirm your place and invoice your course fees)

\_\_\_\_\_  
\_\_\_\_\_

**Employers Authorisation:**

I confirm that the course fee will be paid by \_\_\_\_\_  
(Name of Organisation)

**Authorised Signature** \_\_\_\_\_

Funded by another source Yes / No \*(if yes, please state where you are obtaining funding)

\* please delete as appropriate

Details of any other source of funding:

Please give brief details of any relevant experience you have in relation to studying on this course (e.g. work history, voluntary work or any prior training that you have completed that links to this subject)

Please state briefly why you wish to study on this course (e.g. what do you hope to gain from the course)

This course has workplace study elements linked to it. Please state whether you already have (or are able to arrange) the following:

*Working within a Sheltered or Supported Housing Service* Yes / No

*Or*

*A Voluntary Placement within a Sheltered or Supported Housing Service* Yes / No

*Someone who will be able to act as a Workplace Mentor* Yes / No

*If you answer 'No' to any of these questions, we may be able to assist you to obtain this support*



I wish to enrol for a place on the above course. I understand that the information that I have supplied on this form will be used solely in relation to my application/enrolment as a student on this course. I agree that this information may be held on a database and will only be disclosed to SHN staff and associates directly involved with my learning process.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed forms should be posted, Faxed or E-mailed to:**

**Address:** The Sheltered Housing Network  
8 Station Road  
Thurnscoe  
Rotherham  
South Yorkshire  
S63 0JR

**Fax:** 0871 994 1791

**E-mail:** enrolment@shn.org.uk

**Cancellation Policy:**

I understand that by signing this authorisation I am committing Myself (if self funding) / the organisation (if funded by an employer) to be fully responsible for the payment of all fees due in relation to the above course subject to the cancellation policy as follows:

1. If the student and/or sponsoring organisation\* cancel this enrolment giving a minimum of 45 days notice prior to the commencement date of the course, a full refund shall be given including registration fees.
2. If the student and/or sponsoring organisation\* cancel this enrolment giving a minimum of 30 days notice prior to the commencement date of the course, a full refund shall be given excluding registration fees.
3. If the student and/or sponsoring organisation\* cancel this enrolment giving less than 30 days notice prior to the commencement date of the course, no refund shall be given.

*\* relates to person or organisation who is responsible for payment of course fees  
All withdrawals from the course must be made in writing.*

**OFFICE USE ONLY**

**Date Received**

**Date Processed**

**Date Invoiced**