



# THE SHELTERED HOUSING NETWORK

PO Box 239, Fitzwilliam, Pontefract, West Yorkshire WF9 5WB  
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## The National Certificate of Professional Practice in Housing Related Support

### ENROLMENT FORM for Distance Learning Study Format

PATHWAY: (Please Tick)  Sheltered / Supported Housing  
 Social Alarm Providers & Telecare / Lifeline Services

**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 the boxes which best describe your area(s) of work:**

Sheltered Housing  Floating Support  Extra Care  Lifeline Services

Telecare Services  Social Alarm Services  Special Needs  Homeless

Womens Refuge  Young People  Ex Offenders  Older People

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 relevant Housing Related Support Service* Yes / No

Or

*A Voluntary Placement within a relevant Housing Related Support Service* Yes / No

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

Name of Workplace Mentor:

E-mail Address:

Phone Number:

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

**This enrolment is to study the course via Distance Learning**

The course material (workbooks, etc.) will be posted to you. Communication with your tutor will be via e-mail and telephone at pre-arranged times. Submissions of your course work will be made directly to your tutor either via the SHN E-Learning site, by E-Mail or by post.



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:** PO Box 239  
Fitzwilliam  
Pontefract  
West Yorkshire  
WF9 5WB

**Fax:** 0871 528 3171

**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**  **Date**  **Date**   
**Received**  **Processed**  **Invoiced**