



THE SHELTERED HOUSING NETWORK

PO Box 239, Fitzwilliam, Pontefract, West Yorkshire WF9 5WB
Phone: 0845 680 9015 Fax: 0871 528 3171 E-Mail info@shn.org.uk

The National Certificate of Professional Practice in Housing Related Support

ENROLMENT FORM for E-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

Contact Telephone Number: _____ E-Mail address: _____
(all correspondence will be sent here)

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 E-Learning

The course material, communication with your e-tutor and submissions of your course work will be via the SHN E-Learning site and / or E-Mail. You will need to be able to word process your work and scan any hard copies of documentation you are unable to re-produce electronically. You will need access to the Internet and / or E-Mail to complete your studies.

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**