



THE SHELTERED HOUSING NETWORK

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

The National Certificate in Sheltered & Supported Housing Studies

ENROLMENT FORM for Studying at a Regional Study Centre

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

About You:

Title (Mr/Mrs/Miss/Ms) _____ Forenames _____

Surname _____ Date of Birth _____

Contact Address and E-Mail (all correspondence will be sent here)

Contact Telephone Number: _____ E-Mail address: _____

Preferred Study Centre:

Region (area):

Commencement Date:

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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Sheltered Housing | <input type="checkbox"/> Floating Support | <input type="checkbox"/> Extra Care | <input type="checkbox"/> Supported Housing |
| <input type="checkbox"/> Telecare | <input type="checkbox"/> Social Alarm Service | <input type="checkbox"/> Foyer | <input type="checkbox"/> Community Support |
| <input type="checkbox"/> Telecare Services | <input type="checkbox"/> Social Alarm Services | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Womens Refuge | <input type="checkbox"/> Young People | <input type="checkbox"/> Ex Offenders | <input type="checkbox"/> 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 _____

I certify that I am authorised by the applicant's employer to sign this agreement. I understand that by signing this authorisation I am committing the applicant's employer (named above) to be fully responsible for the payment of all fees due in relation to the above course subject to the cancellation policy as stated at the end of this enrolment form.

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 at a regional study centre

The course material (workbooks etc.) will be given to you at the study centre on the Induction Day. Tutorial support will be provided by your tutor at the study days and via the e-mail / telephone student helpline between study days. 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: studies@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 working 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 working 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 working 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