

Enrolment form

Title _____ Forename _____ Surname _____ DOB _____

Address _____ Telephone Day _____

_____ Evening _____

_____ Mobile _____

Post code _____ e-mail _____

Emergency contact—Name _____ Relationship _____

Contact Number _____

Sex : Male Female

Do you have any learning difficulties or a disability which leads to learning difficulty? Yes No

Ethnic Origin: I would describe myself as:

13 Asian or Asian British - Pakistani
16 Black or Black British - Caribbean
19 Mixed - White and Asian
22 Mixed - any other mixed background
25 White - any other mixed background

11 Asian or Asian British - Bangladeshi
14 Asian or Asian British - any other Asian background
17 Black or Black British - any other Asian background
20 Mixed - White and Black African
23 White - British
98 any other_____

All information will be held in the strictest of confidence:

1. Do you suffer from any of the following conditions:

Epilepsy/Diabetes/Asthma/High or Low Blood Pressure YES/NO

2. Do you have any medical problems of an acute or chronic nature? YES/NO

3. Have you suffered any emotional or mental trauma that has resulted in your seeking or receiving medical advice or treatment? YES/NO

4. Do you currently or regularly take any prescribed medication? YES/NO

5. Have you ever suffered from any drug (prescribed or otherwise), alcohol or substance abuse? YES/NO

If answering YES to any of the above, please give details below.

Workshop / Course Title :

Venue : Lucis College
The Coach House 38 Knoll Road
Dorking Surrey RH4 3EP
Tel: 01306 882291

Date Course Starts: _____

Continued on other side

Please give an indication of any previous experience or qualifications you have:

1. Any complementary courses you have attended, or practice in
2. Academic i.e. O levels or Professional qualifications,

TERMS AND CONDITIONS FOR COURSES

Please read the following and sign the Acceptance Form confirming that you have read, understood and agree to abide by these terms and conditions:

1. You must attend all of the arranged workshops unless prior agreement has been reached between both student and college. There is no reduction in fees for the workshops missed.
2. The minimum age for entry onto a Course is 18 years.
3. **A course place is secured by acceptance of the application form and non-returnable deposit of £25 Further payments are due as agreed with the College. Cheques payable to Lucis College Ltd**
4. No refund of fees paid will be made after the commencement of a course, should a student decide to leave, whatever the circumstances.
5. LC reserves the right to substitute tutors for all or any part of the course.
6. LC reserves the right to alter the venue of a course, prior notice will be given and students offered the right to withdraw.
7. LC reserves the right to ask a student to withdraw from a course, prior notice will be given, the matter discussed with the student and the reasons will be given. A proportion of the fee will be reimbursed on agreement.
8. All students are responsible for their own expenses to attend the course i.e. travel, accommodation, food.
9. Personal belongings are the responsibility of the student - LC cannot be held responsible in any way for any loss or damage howsoever caused.
10. ALL LC STUDENTS ARE REQUIRED TO TAKE FULL AND COMPLETE RESPONSIBILITY FOR THEIR PERSONAL AND PHYSICAL WELLBEING AT ALL TIMES DURING THE COURSE.

Equal opportunities monitoring

Lucis College is committed to treating everyone fairly, openly and with respect. We aim to deliver training and provide materials, which are not discriminatory against any person or group.

With reference to you enrolment interview, do you think this statement of intent has been upheld

Yes No

DECLARATION: I confirm that I have read, understood and agree to abide by the LC Terms and Conditions and that the above information is true and correct.

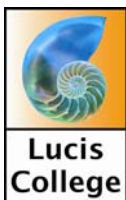
Signature _____

Date: _____

Print Name: _____

I have enclosed a deposit of £25

Please can you state where you first heard about Lucis College:



Individual Learning Needs and Expectations

This questionnaire is designed to assess your individual learning need and expectations. The information you provide will directly influence the content , level, pace and methods used for the Course .

All information will be held in the strictest of confidence:

Course :- _____	
Name:_____	Date:_____
Address :- _____	Phone No._____
_____	Mobile_____
_____ Post code_____	E-mail _____

1. Briefly describe any previous knowledge, qualifications or experience in main stream or alternative therapies
i.e. List out any courses attended, books you have read on any relative subjects .

2. Are you currently involved with a main stream or alternative therapy

No

Yes If yes please complete the questions below.

Name of Therapy.....

Do you practice or Teach

Do you work from a home or a therapy centre
or other establishment.....

3. Through out the course you will be expected to carry out a number of treatments on your own and out of class. Do you have a circle of friends or family on which you can practice.

Yes

No

4. When attending previous courses , what have been favourite and least favourite methods of learning :-

Type of learning	Favourite	least favourite
Working on your own		
Group work		
Practical exercises		
Dictation		
Written work		
Other.....		

5. What are your main reason for attending the course and what do you hope to gain:-

6. The following questions will help us to tailor the course and our teaching facilities so that to meet your personal needs.

- A. Do you have any dietary needs.
- B. Do you suffer from any physical disabilities
- C. Do you have any learning difficulties
- D. Are you on any drugs or medication
- E. Any other requirements

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7. If you have ticked any box in Q6 or if you would like to make us aware of any other individual need or expectation you may have, then please contact us prior to the course starting.

Signed.....

Date.....