



Please contact a Student Adviser on 01865 798022 (+44 0865 798022 if outside the UK) or studentadviser@ool.co.uk to obtain a Student Number and enter it in the box below

Please complete the boxes below:

Name of Education Officer:

Address of Education Officer

Tel No. of Education Officer

If you require any assistance completing this form, please call one of our Student Advisers on 01865 798022

INSTRUCTIONS FOR COMPLETING THIS FORM

- Please use a **BLACK BIRO** only
- Please complete only those areas of the form with a blue background
- When you have selected the subjects that you would like to take, just fill in this application form and return it in to.

Oxford Open Learning
4 Kings Meadow
Oxford
OX2 0DP

CONTACT DETAILS

A NAME:

B TITLE:

C ADDRESS:

D POSTCODE:

OFFICE USE ONLY

Details checked and, if necessary, amended by

Delivery address

D.O.B.

Residency

NOW PLEASE FILL IN E-L BELOW

E NATIONALITY:

F Date of Birth: DD/MM/YY

G COUNTRY OF RESIDENCE:

H Years resident in the UK:

I HOME TELEPHONE NUMBER:

J WORK TELEPHONE NUMBER:

K MOBILE TELEPHONE NUMBER:

L EMAIL ADDRESS:

M DO YOU WISH TO JOIN THE EMAIL DISCUSSION GROUP FOR YOUR CHOSEN SUBJECT? (Delete as appropriate) YES/NO

BELOW IS SOME INFORMATION THAT YOUR TUTOR WILL NEED

N Tell us a little about yourself and why you want to study. (Please mention any learning difficulties (such as dyslexia) or any illness which may affect your study progress. We may need to ask you for further information.)

This section is compulsory.

O HOW MANY HOURS EACH WEEK WILL YOU BE ABLE TO STUDY?

P ON WHAT DAYS OF THE WEEK AND AT WHAT TIMES WILL IT BE MOST CONVENIENT FOR YOUR PERSONAL TUTOR TO CONTACT YOU?

Q PREFERRED FIRST NAME FOR YOUR TUTOR TO USE:

Please write the course title, level, cost and your intended examination date in the table below.

	SUBJECT	Level	INTENDED EXAM DATE	PRICE
1			MONTH/YEAR	£
2			MONTH/YEAR	£
3			MONTH/YEAR	£
4			MONTH/YEAR	£
5			MONTH/YEAR	£
TOTAL				£

* delete as appropriate

I would like to pay my full fee now.

*I enclose a cheque / postal order for the total amount.

*Please debit my Credit Card for the total amount.

IF YOU WISH TO USE OUR "EASY PAYMENTS" SCHEME PLEASE TICK THE BOX TO INDICATE YOU HAVE READ THE TERMS AND SIGN TO CONFIRM THIS. IF YOU ARE UNDER THE AGE OF 18 YOU WILL ALSO NEED TO GET YOUR GUARDIAN OR ONE OF YOUR PARENTS TO SIGN

You can pay by monthly instalments. Just send a deposit for 20% of the fee now and you can pay the rest by monthly standing order, with no interest.

I would like to pay by Oxford Open Learning's 'Easy Payment' scheme. I agree to fill in and return the standing order form that Oxford Open Learning will send to me. I understand that I will receive all my course materials at the start of the course and that I will be required to pay all the instalments.

Student's signature

Guardian's signature if you are under 18

1. I have enclosed a cheque/postal order for the sum of £.....

2. I wish to pay the sum of £..... by Switch/MasterCard or Visa/Delta and have given the details below.

My Card Number is

Expiry Date of Card

Issue Number (Switch cards only)

Name (as on card)

Cardholder's address



Signature

Date

R Please list as many of your previous qualifications as possible in the space provided

SUBJECT (e.g. History)	LEVEL (e.g. GCSE, 'A' Level, NVQ)	GRADE ACHIEVED (e.g. A*, B, 2.1)	Year taken

YOUR QUALIFICATIONS

DATE

STUDENT'S SIGNATURE:

*GUARDIAN'S SIGNATURE:

*GUARDIAN'S FULL NAME:

SIGNATURE

*If you are under the age of 18 you will also need to get your guardian or one of your parents to sign the application.

SUBJECT	LEVEL	EXAM DATE	HOURS (PER WEEK)	FEE	AGREED	APPROVED
TOTAL						

INITIAL FEES AGREED £ COLLEGE

STANDING ORDER REQUIRED? DISCUSSED AND AGREED

AMOUNT x £ ENROLMENT FORM

DISCUSSED AND AGREED STUDY PLAN

DISCUSSION GROUP? COLLEGE APPROVED

SUPERVISOR'S NOTES	ADVISER'S NOTES

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