

Booking Form (Commercial Learning Agreement)

Course Details				
Course Title:				
Course Code: (if known)		Date: 1 st choice		Date: 2 nd choice
Course Fee:		Location:		

Once we receive your completed booking form, you will receive confirmation of receipt via email (if you have provided your email address). Your joining instructions will be sent to you via email at least one week prior to the course start date. If you would prefer to receive your joining instructions by post, please tick here

Company & Contact Details			
Company Name:			
Contact Name:		Job Title:	
Email Address:			
Company Address:			
Postcode:		Main Switchboard No:	

Would you be interested in us contacting you to discuss any training needs you have within your organisation?
Yes No

Delegates Details			
Mr / Mrs / Ms / Miss * delete where applicable			
First Name:		Surname:	
Direct Tel Number:		Email Address:	
<input type="checkbox"/> Employed/Self Employed Full-Time		<input type="checkbox"/> Employed/Self Employed Part-Time	
Would you like to be kept up-to-date with information about our training courses and special offers initiatives by email			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dietary Requirements: (if applicable)		Date of Birth:	
Please indicate the category which you feel best describes your ethnic origin:			
Asian or Asian British			
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any Other Asian Background			
Black or Black British			
<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Any other Black / African / Caribbean background	
Mixed			
<input type="checkbox"/> White and Asian	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Black Caribbean	
<input type="checkbox"/> Any Other Mixed / multiple ethnic background			
White			
<input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy or Irish Traveller	
<input type="checkbox"/> Any other White Background			
Other			
<input type="checkbox"/> Arab	<input type="checkbox"/> Any Other Ethnic Group	<input type="checkbox"/> Not Known / Not Provided	

Prior Attainment Level

What is the highest level of qualification you have achieved to-date?

- No qualifications
 Entry Level 1
 Level 1, e.g. 3 GCSEs A*-D, Level 1 Diploma, BTEC Introductory Certificate/Diploma
 Full Level 2, e.g. 4 GCSEs A*-C, Level 2 Diploma, BTEC First Certificate/Diploma, NVQ Level 2
 Full Level 3, e.g. A-Levels, BTEC National Certificate/Diploma, NVQ Level 3, University Access Course
 Level 4 and above please specify

Disability/Special Needs/ Medical Conditions

Applications are considered on the same academic criteria as used with all students, but it is recognised that additional support may be required.

Do you have a disability? No
 Do you require additional support with your studies? No

If you answered Yes to either of the above please tick one or more of the following:

- | | |
|--|--|
| <input type="checkbox"/> 01 – Visual impairment | <input type="checkbox"/> 01 – Moderate learning difficulty |
| <input type="checkbox"/> 02 – Hearing impairment | <input type="checkbox"/> 02 – Severe learning difficulty |
| <input type="checkbox"/> 03 – Mobility problem | <input type="checkbox"/> 10 – Dyslexia |
| <input type="checkbox"/> 04 – Other physical disability | <input type="checkbox"/> 11 – Dyscalculia |
| <input type="checkbox"/> 05 – Other medical condition e.g. asthma, epilepsy | <input type="checkbox"/> 19 – Other specific learning difficulty |
| <input type="checkbox"/> 06 – Emotional/behavioural difficulties | <input type="checkbox"/> 20 – Autistic Spectrum Disorder |
| <input type="checkbox"/> 07 – Mental health difficulties | <input type="checkbox"/> 90 – Multiple learning difficulties |
| <input type="checkbox"/> 08 – Temporary disability after illness or accident | <input type="checkbox"/> 97 - Other |
| <input type="checkbox"/> 09 – Profound complex disabilities | |
| <input type="checkbox"/> 10 – Aspergers Syndrome | |
| <input type="checkbox"/> 90 – Multiple disabilities | |
| <input type="checkbox"/> 97 – other disability | |
| <input type="checkbox"/> 97 – Other | |

Payment Details

I wish to pay by credit card

Visa
 Mastercard
 Debit Card

Credit card number:

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Card security code (Last 3 digits on signature strip)	Issue Number (if applicable)	
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Expiry date: (MM/YY)	Valid from: (MM/YY)	
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Please invoice my company – only available if you have a credit account with us
 (if you tick this box you must provide a purchase order number)

Invoice address if different to above:	
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Postcode:	
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Purchase order number: (if applicable)	
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I enclose a cheque payable to Bedford College* cheque received

*** All courses must be paid by cheque or credit card unless you have a credit account with Bedford College. If you have a credit account, we can invoice your organisation. Invoices should be paid within 14 days of the date of invoice. Your place on the training course is not guaranteed until payment has been made or a purchase order number has been received. If you would like to apply for a credit account, please contact us on 0300 011 2344.**

Learning Agreement

I declare that I have/have not* been ordinarily resident in the UK/EU/EEA for the three years prior to the start of the course and that my main purpose for such residence was not to receive full-time education during any part of that three year period.

*Delete as appropriate

Please check the above details and sign below. Please note that by completing this form you are agreeing to accept Bedford College's booking terms and conditions. If returning this form by email, you are considered to have agreed to our terms and conditions.

Signed:.....

Dated:.....

Fax this form to: 01234 291979
Email this form to: training@bedford.ac.uk
Post this form to: Bedford College Training Services, Cauldwell Street, Bedford MK42 9AH

Terms & Conditions

Payment

* All courses must be paid by cheque or credit card unless you have a credit account with Bedford College. If you have a credit account, we can invoice your organisation. Invoices should be paid within 14 days of the date of invoice. Your place on the training course is not guaranteed until payment has been made or a purchase order number has been received. If you would like to apply for a credit account, please contact us on 0300 011 2344.

Cancellations, transfers and substitutions

We regret that we are not able to offer any refund if you want to cancel your place on a course or fail to start, however companies may substitute the original delegate with another person at no extra charge. Written notification is required to substitute a delegate.

Written notification is required to transfer a booking to another course. Bookings can be transferred without charge when notification is received 31 days or more prior to the start date of the originally booked course. Where notification is received within 15-30 days (inclusive) of the start date of the original booked course, a once-only transfer is allowed with a 25% charge based on the original fee. The transfer charge will be 50% where notification is received within 1-14 days (inclusive) on the course date. If that transfer is cancelled or changed at any time, the full course fee remains payable. All late bookings, first confirmed within 30 days of the course date, will be subject to normal cancellation and transfer terms and conditions.

Number of days notice	% of course fee payable on cancellation	Transfer fee
31+	100%	Free
15-30 days	100%	25% of original fee
1-14 days	100%	50% of original fee

Bedford College reserves the right to make amendments to the course dates, fees or other details, and to make cancellations or changes if numbers are insufficient. In the unfortunate situation that we have to cancel a course, we will refund your fees in full.

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations are available at: <http://skillsfundingagency.bis.gov.uk/privacy.htm>, <http://www.ypla.gov.uk/privacy.htm> and <http://www.learningrecordsservice.org.uk/privacy-copyright.htm>

Tick any of the following boxes if you do not wish to be contacted about courses or learning opportunities or for surveys and research

By post By phone By email

Single ILR Specification 2011/12 – Appendix F – Privacy Notice 2011/12. Version 1: Published 18 April 2011.

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