



Enrolment Form

Attach your
passport
photos here

This form may be photocopied
Please complete all of this form clearly in **BLACK INK**.
Either **TYPE** or use **BLOCK CAPITALS**.

1. Personal Details

Surname or Family Name			
First or Given Names			
Record your name <u>exactly</u> as you wish it to appear on your Certificate			
Nationality		Date of birth	

2. Title (please tick)

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other (state)	<input type="checkbox"/>
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3. Your Contact Information

Correspondence Address
Country
Post Code
Telephone (including STD Code)
Mobile
Email

4. Next of Kin

Name of Next of Kin
Relationship
Correspondence Address
Country
Post Code
Telephone (including STD Code)
Mobile
Email

5. Employer's Details

Name of Sponsor (if sponsored)
Name of Company
Correspondence Address
Country
Post Code
Telephone (including STD Code)
Fax
Email

10. Please insert the names of two people who we can approach as referees (at least one of these should be an academic referee)

Referee 1	Referee 2
Name	Name
Position	Position
Company Name	Company Name
Address	Address
Telephone	Telephone

11. Supporting Statement

Please write a short supporting statement about yourself and your reasons for wishing to come on a particular course in the space provided below. In particular, tell us:

1. Why you have chosen the course
2. What relevant skills, knowledge and experience you have
3. Your future career plans (if known)

Please carefully read the course information in the prospectus to establish how much fees are due to be paid. In order to enrol, you need to fully complete this form, sign below and send it to us (either by post, by email, by fax or in person) together with your fees to this address:

**The Registrar
Trans-Atlantic College
PJ House
3 Globe Road
London E1 4DT**

Tel: +44 20 7791 7566

Fax: +44 20 7791 0367

Email: registrar@transatlanticcollege.co.uk

Website: www.transatlanticcollege.co.uk

Conditions of Enrolment and Payment

By signing this form I accept the Trans-Atlantic College conditions of enrolment.

Signature of Applicant: Date:

(DO NOT COMPLETE THIS SECTION – FOR OFFICE USE ONLY)

Decision by Admissions

Date Application Received	
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Amount of Fees paid	
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	Yes	No	Comments
Unconditional Offer?			
Interview Required?			
Alternative Course?			
Reject?			

Start Date	
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Academic Signature	
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