# Moray College UHI Postal Booking Form

**Payment, Purchase Order, Letter from Employer/Sponsor or Fee Waiver details are required with your Booking Form. Form received without method of payment will not be processed.**

Course Title(s): Start Date(s):

Course Location(s): Day/Evening:

Title: Forename: Surname:

Home Address: Date of Birth

Telephone (Home):

Telephone (Day):

Postcode: Telephone (Mobile):

SQA/Scottish Candidate Number (if applicable)

Student Number (current and past students)

To help us monitor the effectiveness of our equal opportunities policy, please indicate to which group you belong: [Please tick (✓) one box]

- ❑ (11) White British (inc. Wales & NI)
- ❑ (12) White Irish (ROI)
- ❑ (13) White Scottish
- ❑ (17) White English
- ❑ (18) White Welsh
- ❑ (19) Other White
- ❑ (21) Black Caribbean/British Black Caribbean
- ❑ (22) Black African/British Black African
- ❑ (29) Other Black background
- ❑ (34) Chinese
- ❑ (31) Asian or Asian British - Indian
- ❑ (32) Asian or Asian British - Pakistani
- ❑ (33) Asian or Asian British - Bangladeshi
- ❑ (41) Mixed - White & Black Caribbean
- ❑ (42) Mixed - White & Black African
- ❑ (43) Mixed - White & Asian
- ❑ (39) Other Asian background
- ❑ (49) Other mixed background
- ❑ (80) Other ethnic background
- ❑ (98) Information refused
- ❑ (99) Information Not Known

Disability/Health or Medical Condition [Please tick (✓) relevant box(es)]

- ❑ (01) No known disability
- ❑ (02) Dyslexia
- ❑ (03) Blind/Partially Sighted
- ❑ (04) Deaf/Hearing impairment
- ❑ (05) Wheelchair/Mobility
- ❑ (06) Personal Care Support
- ❑ (07) Mental Health
- ❑ (08) Unseen disability (Diabetes/Asthma etc.)
- ❑ (09) Multiple Disabilities
- ❑ (10) Disability not listed
- ❑ (C) I am having treatment for cancer
- ❑ (T) Autistic Spectrum Disorder
- ❑ (99) Information Refused
- ❑ I carry time-critical medicines (eg. Epi-pen)

☐ Please tick (✓) box if you would like to arrange additional support (including learning support)

## METHOD(S) OF PAYMENT

Course fees are not normally refundable, except in special circumstances and at the College's discretion. Refunds will be made automatically, only if the course paid for is full or does not run as advertised.

**ILA Number (if applicable)**

**Credit/Debit Card Number** Valid from

Maestro/Switch

☐ Mastercard ☐ Visa ☐ Visa Delta ☐ Maestro (Switch) Expiry date

Issue no.

Security Code [last 3 digits on reverse of card]

Please debit my card with the following amount £.....

Signed .....Date.....

**Cheque/Postal Order**

Separate payments should be submitted for **each** course applied for. Please put your name and address on the back of **each** cheque/postal order (Payable to Moray College).

Postal Order/Cheque No(s): Amount: £

**Part Time Fee Waiver**

Please state which benefit you receive and provide proof of benefit with your application.

**Employer/Sponsor to be Invoiced**

Contact Person:.....

Company Address: .....

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Please return completed form (and any additional documents) to

**Registry, Moray College UHI, Moray Street, Elgin, Moray. IV30 1JJ**
**Fax 01343 576001**

Moray College
Creating the University of the Highlands and Islands