

Class No.	Class Title	Start Date	Fee	Wider Access
_____	_____	_____	£ _____	£ _____
_____	_____	_____	£ _____	£ _____
_____	_____	_____	£ _____	£ _____
Total Fees Payable			£ _____	£ _____

**INDIVIDUAL LEARNING ACCOUNTS:**

ILA Account Number \_\_\_\_\_ **ILA Account Contribution** £ \_\_\_\_\_  
**Student Amount Payable** £ \_\_\_\_\_

**WIDER ACCESS SCHEME:** If you wish to claim a concession, please state a reason

e.g. Jobseeker: \_\_\_\_\_  
 You **MUST** enclose photocopied evidence. You must pay 25% of the full class fee. Please indicate the appropriate amount by entering in the 'Wider Access' column above. **PAYMENT MUST ACCOMPANY THIS APPLICATION.**

**PERSONAL DETAILS:**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Contact Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Telephone No. (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Date of Birth (dd/mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ (required for student record purposes)  
 Have you previously taken a class with us? YES  NO  If so, was it a credit bearing class? YES  NO   
 IF SO, PLEASE STATE YOUR UNIVERSITY REGISTRATION NO. IF KNOWN .....  
 Do you have any special needs or disabilities which may affect your learning? YES  NO   
 If 'YES' is your disability mobility related? YES  NO

**Declaration:**

In signing this form I agree to be bound by the terms of the Charter, Statutes, Ordinances and Regulations of the University.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Data Protection:** All information supplied will be treated confidentially and used only for the purposes of your application and subsequent related correspondence.

**PAYMENT DETAILS:** Please circle your payment method(s) **cash** **cheque** **credit/debit card**

Cheques payable to 'University of Strathclyde'

We accept the following cards: Visa, Mastercard, Delta, Electron, American Express and Maestro.

Credit card no.

Security Code (last 3 digits of security code, normally found on back of card.)

Expiry date \_\_\_\_\_ Start date \_\_\_\_\_ Issue No. \_\_\_\_\_

Cardholder Name (as shown on card) \_\_\_\_\_

Signature  
of Cardholder: \_\_\_\_\_

Cardholder Billing Address (if different from above)

\_\_\_\_\_

Postcode \_\_\_\_\_

**Send your completed form with cheque or card details to: Centre for Lifelong Learning, University of Strathclyde, Graham Hills Building, 40 George Street, Glasgow G1 1QE**

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**How did you find out about the Centre?**

- Advert
- Previous student
- From a friend/colleague
- Via the Internet
- Through Learn Direct
- Other (please specify) .....

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**Have you seen any adverts or flyers promoting the Centre's Programmes?**

Yes  No

**If so, can you tell us where?** .....

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**Did you visit the Centre's website [www.strath.ac.uk/cii/](http://www.strath.ac.uk/cii/)?**

Yes  No

**How easy was it to find the information you required on the website?**

Very easy  Fairly Easy  Not Easy  Difficult

**Please let us know any comments you would like to make about our website?**

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Thank you for taking the time to complete this questionnaire