



Now in partnership with:



ENROLMENT FOR ANGLIA DISTANCE LEARNING PACKAGE

Full Name:

Address:

Email:

Tel:

Fax:

DETAILS OF EDUCATION:

Name of Secondary School:

Name of College/University:

Name of Award (for degree give Pass/ Hons/ Class):

Subjects:

Dates of attendance:

Full-time/ Part-time:

Date of Award:

PROFESSIONAL (TEACHING) EXPERIENCE:

Name of employer:

Nature of work:

Date of appointment:

(Please add other educational or professional details on another sheet.)

LANGUAGES:

Native Language:

Foreign Languages:

HOW DID YOU HEAR ABOUT THE COURSE? (please tick)

- Word of mouth
- Advertisement / Which publication?
- Internet / Which website?
- Other (please specify)

PLEASE STATE WHAT BENEFITS YOU EXPECT TO GAIN FROM TAKING THIS COURSE:

.....

I would like to enrol for (please tick)

Study Units 1 – 5 Enrolment Fee:

Study Units 1 – 10 Enrolment Fee:

Study Unit (individually priced). Monthly Fee:

DECLARATION

I declare the information given above to be correct, and agree, if admitted to the course, to comply with the regulations of the Anglia Distance Learning Programme

Signature

Date