

Application Form

Please check the '**Terms and Conditions**' on the course web page before completing this form. If completing this form by hand, please use BLOCK CAPITALS and black ink. Please complete one form per person. Course registrations are confirmed only on receipt of payment due, in accordance with our Terms and Conditions.

We will invoice you for payment after receiving your completed form, and aim to do so within three working days.

SECTION A: COURSE DETAILS

COURSE NAME	DATE (dd/mm/yyyy)	FEE (£)

SECTION B: YOUR PERSONAL DETAILS

FAMILY NAME		TITLE (Ms, Mrs, Mr, Dr etc.)	
FIRST NAME		GENDER	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER

SECTION C: YOUR CONTACT AND BILLING ADDRESS

TELEPHONE		MOBILE	
EMAIL			
POSTAL ADDRESS		BILLING ADDRESS (if different)	
POST CODE		POST CODE	
COUNTRY		COUNTRY	
		PURCHASE ORDER	

SECTION D: DATA PROTECTION AND PERMISSIONS

Information collected on this form will be held in accordance with the provisions of the Data Protection Act 1998 for the purposes of processing your application and for student administration. It will be held securely and not passed on to third parties (please see our data protection policy: www.admin.ox.ac.uk/dataprotection/policy for further information).

Please keep me informed about the Continuing Education Open Day, courses, research and student information:

☐ BY EMAIL

☐ BY POST

SECTION E: DECLARATION

I confirm that the information I have given in this application is, to the best of my knowledge, complete and accurate and that I have read and understood the Terms and Conditions associated with the course.

SIGNATURE (or type full name)		DATE (dd/mm/yyyy)	
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