



Dietl

Małopolska Wyższa Szkoła
im. Józefa Dietla w Krakowie

OFFICE USE ONLY:

Keyed by: _____ Date: _____

ID Verification Type: _____

Student ID:

Enrolment Form 2019/2020

If you require help in completing this form please ask a staff member to assist you.

1. COURSE DETAILS

Course Code:	Tuition Fee:
Course Title:	

2. PERSONAL DETAILS SECTION NB: ALL SECTIONS MUST BE COMPLETED TO VALIDATE ENROLMENT.

Surname:	Forename(s):	Title:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Permanent Address prior to enrolment <i>(Note all correspondence will go to this address):</i>		Date Of Birth:	
		Home Contact No:	
		Mobile Contact No:	
		Email Address:	
Postcode:	Unique Learner Number (ULN):		

Next of Kin Details

(In case of emergency - Where there is concern for life, health and safety we will contact the person who's details are given here.)

Name:	
Address <i>(if different from above):</i>	Relationship to Student:
	Contact No (Day):
Postcode:	Mobile No: <i>(in case of emergency)</i>

Student Declaration

Your success at MWSD is achieved through support from family and friends. If we have concerns about your progress do you consent that we can contact the above named person.

Yes No

3. NAME OF CURRENT OR PREVIOUS SCHOOL OR COLLEGE (For Full-Time, Entitlement Framework Students and Trainees)

School/College: _____ Location: _____

4. STUDENT STATUS / RESIDENCY

The fees for the course(s) will be classified as either home or international fees depending on your status on the start date of your course. Based on the information you provide, a fees assessment may be required and further evidence may be requested.

RESIDENCY: EU/EEA/Switzerland* Non-EU (Non-EU students must contact the supervisor on duty to discuss payable)

*European Union (EU) & Economic Area (EEA) Member States

- Austria • Cyprus • Finland • Hungary • Latvia • Malta • Portugal • Spain
- Belgium • Czech Rep • France • Iceland • Liechtenstein • Netherlands • Romania • Sweden
- Bulgaria • Denmark • Germany • Ireland • Lithuania • Norway • Slovakia • Switzerland
- Croatia • Estonia • Greece • Italy • Luxembourg • Poland • Slovenia

Have you lived in the EU/EEA/Switzerland continuously over the last 3 years? Yes No (If NO, please complete)

Date of entry into PL: / / Are you on time limited visa? Yes No Visa Exp.Date: / /

Passport Number: _____ Passport Expiry Date: / /

Immigration Status

Have you been identified under the 'Vulnerable Persons Relocation Scheme' (VPRS) as:

a) Asylum Seeker b) Refugee

Do you hold an Application Registration Card (ARC) Yes No

If YES, please provide details _____

Do you hold a biometric residence permit? Yes No

If YES, please provide details _____

5. LEARNING SUPPORT

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes (if YES, please complete below) No (if NO, go to next section)

If YES, please state type of impairment which applies to you. People may experience more than one type of impairment in which case you may indicate more than one. (Tick all that apply)

Specific Learning Disability (e.g. dyslexia/dysgraphia)	01 <input type="checkbox"/>	Mobility Difficulty	04 <input type="checkbox"/>	Unseen Disability (e.g. diabetes, epilepsy)	07 <input type="checkbox"/>
Blind or partially sighted	02 <input type="checkbox"/>	Autistic Spectrum Disorder/ Asperger's Syndrome	05 <input type="checkbox"/>		
Deaf or Hard of Hearing	03 <input type="checkbox"/>	Mental Health Condition	06 <input type="checkbox"/>		

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Forward to Learning Support: _____ Date: _____

Do you require additional learning support because of a disability and/or learning difficulty? Yes No

(If you tick 'yes' we will contact you to discuss your support requirements. Any information that you provide will be kept private and will not be passed to anyone without your consent.)

6. MONITORING INFORMATION

Country of Birth: What is the country of your birth?

(please write in the current name of country e.g. Northern Ireland, Republic of Ireland, Scotland) _____

Dependents: Do you have personal responsibility for the care (tick each box which applies for your circumstances):

Care of a Child or Children Person(s) with a disability Dependent Adults(s) I do not have any dependents
(i.e. those under 16 or 18 if in full-time education)

Marital Status: Are you...? (Please tick one box)Single 01 Married 02 Separated 03 Widowed/Surviving Partner 04 Divorced/Dissolved 05 In a Civil Partnership 06 **Community Background:** What religion / religious denomination or body were you brought up in?Roman Catholic 1 Protestant 2 Other Christian 3 Non Christian 4 No Religion 5 **Ethnic Origin:** To which of these ethnic groups do you consider you belong? (Please select the option that is most appropriate to you.)White 01 Black African 02 Indian 03 Bangladeshi 04 Irish Traveller 11 Any other Ethnic Group 98
Black Caribbean 06 Black Other 07 Pakistani 08 Chinese 09 Mixed Ethnic Group 12 **Employment Status:** What is your main employment status? (Please tick one box)Employed Full-Time (30hrs or more per week) 5 Employed Part-Time (less than 30hrs per week) 6 Self Employed 7
Unemployed 9 Economically Inactive (not in work and not looking for work) 14 Not Stated (MIS use only) **Religious Belief:** What religion, religious denomination or body do you belong to?Roman Catholic 05 Methodist 08 Hindu 10 Sikh 13
Presbyterian Church in Ireland 06 Other Christian 09 Jewish 11 None 01
Church of Ireland 07 Buddhist 02 Muslim 12 Other religion 80 **Sexual Orientation:** Which of the following best describes how you think of yourself?Bisexual 01 Gay 02 Lesbian 10 Heterosexual/Straight 10 Prefer not to say 99 **Political Opinion:** What is your current political opinion?Nationalist 01 Unionist 02 Other 80 Prefer not to say 98 None **7. QUALIFICATIONS ON ENTRY**

Please indicate the HIGHEST QUALIFICATIONS you currently hold. If your highest qualification is in column "A", please tick the appropriate option, if it is in column "B" please record the associated level and if it is in column "C" please record how many you hold.

Column A Description	Tick	Column B Description	Write Level	Column B Description	Write Number of
PhD		Diploma (QCF or equivalent)		A Level	
Masters		Certificate (QCF or equivalent)		Higher Leaving Cert (Level 5)	
Postgraduate, PGCE		Award (QCF or equivalent)		AS Level	
Undergraduate Degree		National Vocational Qualification (NVQ)		GCSE A*-C	
Foundation Degree/DipHE		ESOL skills for life, Essential/Basic/Key Skills		Ordinary Leaving Cert (Level 4)	
HND, HNC				GCSE D-G	
Access to HE				Junior Cert	
No formal qualification					

GCSE grades or equivalent for Rol results

Subject	Grades A-C	Grades D-G	Year
GCSE English			
GCSE Maths			
GCSE ICT			

Essential Skills Level

Subject	Level	Year
Literacy		
Numeracy		
ICT		

OFFICE USE ONLY: Grades Verified by: _____ Date: _____
FESR Keyed by: _____ Date: _____

8. SAFEGUARDING CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS:

MWS Dietl University believes that children/young people and vulnerable adults have rights as individuals and should be treated with dignity and respect. The University will strive to provide a safe environment for any children/young people and vulnerable adults in its care while they are studying at the University, visiting the University or participating in University activities.

Have you ever been convicted of/received a caution for:

A criminal offence

Yes No

Failing to complete this section or providing misleading or false information may lead to your application/enrolment being withdrawn. Ticking "YES" will result in a follow up meeting in order to obtain further details.

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Safeguarding Officer: _____

Date: _____

9. CARE BACKGROUND

Are you in care or have been in care? In care is to mean either fostering, adopted, care home or other supported residential care. Yes No

OFFICE USE ONLY Student Support Officer: _____ Date: _____

10. MARKETING INFORMATION: Please indicate how you found out about this course(s). Tick all that apply.

CAREERS GUIDANCE

School/careers teacher CAG01

University careers service/tutor CAG03

Agent/Consultant CAG04

ADVERTISING

Newspaper Advertisement ADV01

TV Advertisement ADV02

Radio Advertisement ADV03

Billboards/Buses/
Bus Shelters Advertisement

TV/Radio interview
or newspaper article

WEB/Digital

NIDIRECT

University website

Social media
(Facebook/twitter)

UNIVERSITY

University information day COL01

University literature/
prospectus COL02

OTHER

Word of mouth
(friend, parent etc.) OTH01

Employer OTH02

Job and Benefits office OTH03

Other OTH04

EQUAL OPPORTUNITIES STATEMENT: The University is committed to a policy of equal opportunities and welcomes applications regardless of community background/religious belief, gender, age, racial/ethnic group, political opinion, marital status, sexual orientation, dependant responsibility or disability. **DATA PROTECTION:** All student information is covered by the Data Protection Act (2018). The University will collect and process the data about you in compliance with this legislation and you will be entitled to access the data held about you. The University may wish to contact you for research purposes or to offer other educational products. At no time will your personal information be passed on to organisations for marketing or sales purposes. The University reserves the right to use promotional photography and information for publicity purposes unless otherwise notified.

11. STUDENT DECLARATION

1. I understand that I may cease to be a student of the University if I have an absence without explanation for more than four consecutive works.
2. By signing this form I agree to comply with all University policies and regulations.
3. I undertake to pay full tuition and other fees due to the University in relation to this enrolment(s).
4. I understand the information provided by me will be handled in accordance with the Data Protection Act (2018) for the management of the University, and may also appear on examination certificates awarded to me.
5. I understand that information supplied is forwarded to the Department for the Economy, partners including Universities and Awarding Bodies, or other government agencies and agents appointed by them for Statistical, research and funding purposes and/or other business purposes (including the prevention of fraud).
6. I understand that I must disclose unspent criminal convictions and on certain courses spent convictions, through the University's Criminal Convictions Disclosure Forms which can be obtained from the website, my local Campus Student Services, or by telephoning +48 888 019 624 (ask to speak to a member of the Student Services team). I understand that once I complete a CRIMINAL CONVICTIONS DECLARATION FORM, I cannot enrol on a programme of study until the appropriate risk assessments have been conducted by the University's Designated Safeguarding Team and the explicit written consent of the University's Designated Safeguarding Manager in support of my enrolment onto the specific programme of study is obtained. I understand that if I obtain a criminal conviction whilst studying at the University I must disclose this through the same process.
7. I declare that the information I have provided on this form is correct and I agree to inform the University of any changes to this information.

Student Signature: _____ Print Name: _____ Date: _____

12. UNIVERSITY SIGNATURE

I certify that above student is suitable for the course(s)

Lecturer / Admissions Signature: _____

THIS DOCUMENT CAN BE MADE AVAILABLE UPON REQUEST IN ALTERNATIVE FORMATS FOR THOSE UNABLE TO ACCESS INFORMATION IN THE STANDARD FORMAT

If you require further information or would like a copy of this form in a different format please contact Student services at our nearest campus, Tel: +48 888 019 624 or email: rektorat@dietl.edu.pl
Completed enrolment forms should be returned to the appropriate campus detailed below:

MAŁOPOLSKA WYŻSZA SZKOŁA IM. JÓZEFA DIETLA W KRAKOWIE
ul. Legnicka 5 31-216 Kraków

13. YOUR FINANCE DETAILS

Fee Details: (please tick who will pay your fees)

Self Employer Grant / Bursary Family Member

If employer is paying, please give details and attach an Employer Consent Form (Available from the Admissions Office)

Fee Category: Courses costing more than 150€ may be paid in instalments. A Direct Debit Form must be completed at enrolment. Reduced fees apply to the following groups ONLY. If you qualify for reduced fees, you MUST provide valid documentary evidence. Failure to do so will result in full fees being payable and/or a delay in processing your enrolment.

14. PAYMENT SECTION

Cash € Cheque € Switch € Invoice € Credit Card € Direct Debit € Total amount €

ADDITIONAL PAYMENT INFORMATION

If this section is required it will be redacted immediately after the card payment has been processed.

Type of card: Visa Mastercard Other Amount €

Account Card No.

Start Date / / Issue No. Expiry Date / Security Code (For security purposes the last 3 digits on the back of the card situated on the signature strip)

NAME and ADDRESS of CARD HOLDER (if different from applicants)

I certify that for all credit card payments, MWS Dietl University may debit the above mentioned card for the total fee

Signed: _____ Date: _____

GDPR INFORMATION

- 1.1 As a Data Controller, MWS University recognises and respects the importance of your privacy respects the importance of your Privacy and is committed to treating your personal information in compliance with all relevant data protection legislation.
- 1.2 The University is permitted to process personal data where there is a legal basis to do so. In relation to the information provided on this form, the General Data Protection Regulations (GDPR) 'legal basis' for our processing will be the following:
Article 6.1(b)
 - processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contractArticle 6.1(c)
 - processing is necessary for compliance with a legal obligation to which the controller is subject
- 1.3 The information you provide on this form will be processed in order to administer your studies, to deliver your programme and to monitor your information to manage recruitment, admission, registration, enrolment, study, examination and graduation.
- 1.4 Your information will also be used to provide you with University facilities and services, to provide you with support and to process any payments made to you. We may also use your information to conduct research and surveys to identify ways to enhance learning, teaching, assessment and the broader student experience.
- 1.5 The University may also be required to process your personal data for purposes which are reasonably practicable but we will only do so where a legal basis exists.
- 1.6 Information may be passed between various sections of the University for operational reasons and may also be disclosed to external agencies to which we have obligations.
- 1.7 Further information is available on our website <https://dietl.edu.pl>