MODULE REGISTRATION FORM

In order to register for your chosen module(s), please complete the following form and return to [learning@lutherking.ac.uk](mailto:learning@lutherking.ac.uk)

PERSONAL DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | | | | | | | | | | | | | | | | | | |
| Prefix |  | | | | First Name | | |  | | | | | | Surname | | |  | |
| **E-MAIL** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **ADDRESS** | | | | | | | | | | | | | | | | | | |
| Line 1 | |  | | | | | | | | | | | | | | | | |
| Line 2 | |  | | | | | | | | | | | | | | | | |
| Town | |  | | | | | | | | County | |  | | | | | | |
| Postcode | | | |  | | | | | | Country (if not UK) | | | | |  | | | |
| **TELEPHONE** | | | | | | | | | | | | | | | | | | |
| Mobile | | |  | | | | | | | | Home | |  | | | | | |
| **DATE OF BIRTH** | | | | | | DD |  | | MM | |  | | | | | YYYY | |  |

WHICH MODULES(S)/COURSE(S) DO YOU WISH TO ENROL ON?

This form allows you to enter a maximum of 5 modules. If you wish to register on more than 5, please email [learning@lutherking.ac.uk](mailto:learning@lutherking.ac.uk)

|  |  |
| --- | --- |
| **MODULE CHOICE(S)** | |
| MODULE CODE | MODULE TITLE |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

If you require residential accommodation for any nights, please book and pay for this directly with Reception, requesting the student rate (email: [reception@lkh.co.uk](mailto:reception@lkh.co.uk) ; telephone: 0161 224 6404). Payment for accommodation and meals should be made to Reception upon arrival.

YOUR CHURCH TRADITION

How would you describe your church tradition/denomination (if relevant)?

|  |  |
| --- | --- |
| Denomination/Tradition |  |

SPECIAL NEEDS

Are you registered disabled or do you have any special needs we should be aware of?

Please enter details here -

EMERGENCY CONTACT

If you would like someone to be contacted in case of emergency, please give their name, address, contact number and relationship here.

Please enter details here -

FEE PAYMENT ARRANGEMENTS

Please give details of how the membership fee will be paid.

Online Invoice (PayPal)  Cash/Cheque

Telephone Payment

**PLEASE NOTE**: Any fee must be paid in full two weeks before the event. Registrations received less than two weeks before the event must be submitted with payment required the same day of submission/registration.

TERMS AND CONDITIONS

Please tick here to confirm that you have read and understood the Luther King Payments & Fees Policy, Data Use Policy and Terms & Conditions (accessible on our website)

Please mark this box to confirm

HOW DID YOU HEAR ABOUT LUTHER KING CENTRE?

Please indicate below how you heard about Luther King Centre and this event.

Please enter details here -

CONFIRMATION

I accept the terms and conditions set out in the appropriate documentation, including the requirement for regular attendance and those regarding payment terms and withdrawal from the course. I agree to alert the Registry Office immediately, in writing, should I wish to withdraw from any course for which I register.

If you are returning this form electronically, your type name will be accepted in place of a signature as consent to the term and conditions of your library membership

|  |  |
| --- | --- |
| Signed |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | DD |  | MM |  | YYYY |  |

OFFICE USE ONLY

|  |  |
| --- | --- |
| Payment received |  |
| Registration confirmed |  |
| Finance |  |