



**BASIS Registration Ltd**  
**St Monica's House, 39 Windmill Lane, ASHBOURNE,**  
**Derbyshire, DE6 1EY**  
**Tel: 01335 343945/340856 email: [www.basis-reg.com](http://www.basis-reg.com)**  
**Fax: 01335 301205**

|                     |             |
|---------------------|-------------|
| For Office Use Only |             |
| Account No:         | 200 _____   |
| PR Member:          | YES / NO    |
| Comp Reg:           | YES / NO    |
| Result:             | PASS / FAIL |

Please complete all parts of the form and, if you are unsure about any part, please ask the exam chairman / invigilator.

- Please check the information, where provided, and amend or complete where information is incorrect or missing
- Please ensure that the Enrolment Agreement is signed before submission

**We are unable to process your registration if all the information is not provided.** This may mean we are unable to send confirmation of your examination results to you.

### Which qualification are you studying towards?

Title of course: .....

Course dates (if applicable): .....

I wish to sit the assessments for the above qualification but will not be attending a short course

### Personal details

Surname/Family name:

Forenames:

Preferred forename:

Title: Mr Mrs Miss Ms Other (please state)  
 (please tick)

Date of birth: (dd/mm/yyyy)

Gender: Male Female  
 (please tick)

Home address:

County (or country if not UK):

Postcode:

Telephone:

Mobile Telephone:

Email address:

**Emergency contact** (please give the details of someone the University should contact in the event of emergency):

Name (block capitals):

Emergency telephone number 1 (other than your home number) :

Relationship to you:

Emergency telephone number 2 (other than your home number) :

### Other details

What was your surname at age 16?

The following question is about your parents' level of education. This includes natural parents, adoptive parents, step-parents or guardians who have brought you up. **Do any of your parents (as defined above) have any higher education qualifications such as a degree, diploma or certificate of higher education?**

Yes  No  Don't know  I would prefer not to answer

**Please tick the occupation group of the highest-earning family member of the household in which you live. If he or she is retired or unemployed, give their most recent occupation. If you are over 21 please give this information about yourself:**

**\*\* Guidance, with examples, to help answer this question is provided at the end of the form.**

- |  |   |
|--|---|
| <input type="checkbox"/> Higher managerial & professional occupation (1) | <input type="checkbox"/> Lower supervisory & technical occupation (5) |
| <input type="checkbox"/> Lower managerial & professional occupation (2)  | <input type="checkbox"/> Semi-routine occupation (6)                  |
| <input type="checkbox"/> Intermediate occupation (3)                     | <input type="checkbox"/> Routine occupation (7)                       |
| <input type="checkbox"/> Small employers & own account worker (4)        | <input type="checkbox"/> Never worked & long-term unemployed (8)      |
|  | <input type="checkbox"/> Not classified (9)                           |

**Do you have a disability which could cause you difficulty during your course? (Please tick):**

- |  |   |
|--|---|
| <input type="checkbox"/> No disability (A)   | <input type="checkbox"/> Mental health condition e.g. depression, anxiety disorder (F)    |
| <input type="checkbox"/> Social/communication impairment e.g. Asperger's, autism (B)           | <input type="checkbox"/> Specific learning difficulty e.g. dyslexia (G)                   |
| <input type="checkbox"/> Blind or serious visual impairment uncorrected by glasses (C)         | <input type="checkbox"/> Physical impairment / mobility issues (H)                        |
| <input type="checkbox"/> Deaf / hearing impairment (D)   | <input type="checkbox"/> Disability, impairment or medical condition not listed above (I) |
| <input type="checkbox"/> Long standing illness or health condition e.g. diabetes, epilepsy (E) | <input type="checkbox"/> Two or more impairments / disabling medical conditions (J)       |

**Are you in receipt of a Disabled Students Allowance? (Please tick):** Yes  No

**Ethnic origin (Please tick):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> White (11)                  | <input type="checkbox"/> Pakistani (32)                         | <input type="checkbox"/> Other Mixed background (49)       |
| <input type="checkbox"/> Gypsy or Traveller (16)     | <input type="checkbox"/> Bangladeshi (33)                       | <input type="checkbox"/> Arab (50)                         |
| <input type="checkbox"/> Black Caribbean (21)        | <input type="checkbox"/> Chinese (34)                           | <input type="checkbox"/> Other (80)                        |
| <input type="checkbox"/> Black African (22)          | <input type="checkbox"/> Other Asian background (39)            | <input type="checkbox"/> I would prefer not to answer (98) |
| <input type="checkbox"/> Other Black background (29) | <input type="checkbox"/> Mixed – White and Black Caribbean (41) |  |
| <input type="checkbox"/> Indian (31)                 | <input type="checkbox"/> Mixed – White and Black African (42)   |  |

**What is your nationality?**

**What is your country of birth?**

**What is your first language?**

**What is your country of domicile? (the country where your permanent / home address is) (Please tick):**

- |                                      |                                   |  |   |
|--------------------------------------|-----------------------------------|--|---|
| England <input type="checkbox"/>     | Scotland <input type="checkbox"/> | Wales <input type="checkbox"/>                               | Northern Ireland <input type="checkbox"/> |
| Isle of Man <input type="checkbox"/> | Jersey <input type="checkbox"/>   | Guernsey (including Alderney, Sark) <input type="checkbox"/> |   |

**If other please specify:**

**What is your highest qualification on entry? (Please tick)**

- |  |  |
|--|--|
| <input type="checkbox"/> UK masters degree (MUK)                 | <input type="checkbox"/> Foundation degree (J10)                                 |
| <input type="checkbox"/> UK degree with honours (HUK)            | <input type="checkbox"/> A / AS levels (P50)                                     |
| <input type="checkbox"/> UK ordinary / non-honours degree (JUK)  | <input type="checkbox"/> Other qualification at level 3 (P80)                    |
| <input type="checkbox"/> Non-UK degree (HZZ)                     | <input type="checkbox"/> Undergraduate credits e.g. completed BASIS course (C90) |
| <input type="checkbox"/> Higher National Certificate (HNC) (C30) | <input type="checkbox"/> Other level 2 qualification e.g. GCSE / O level (Q80)   |
| <input type="checkbox"/> Diploma at level 3 e.g. BTEC ND (P41)   | <b>If other please specify:</b>  |
| <input type="checkbox"/> Higher National Diploma (HND) (J30)     |  |

**Please give the name of the post-16 school, further or higher education institution you most recently attended:**

## Contribution to Course Costs and Employer Details

**My course costs will be paid for by (please tick all that apply):**  My employer  Other sponsor  
 Through my own business / self-employment

**Billing address (to where the invoice should be sent):**

**County (or country if not UK):**

Postcode:

Telephone:

Name of organisation / company:

## Enrolment Agreement

I confirm that the details entered on the enrolment form are true and accurate in all respects and I agree to comply at all times with all the University's rules and regulations as set out in the current University Regulations. (These are detailed in the Key Information Page which is available at <http://www.harper-adams.ac.uk/applicants/key-info/> and are updated each academic year.) I understand that it is my responsibility to ensure that I am aware of the regulations if my enrolment spans multiple academic years.

I note that the surname and forename(s) taken from the enrolment form and agreed by myself as correct, will be those used on my final award certificate and transcript and other University documentation.

I confirm that the information provided by me to the University is complete, accurate and true and that nothing has changed since the date of my application which would require an amendment to that information.

### Consent to Processing of Personal Information

I understand that the personal information I provide on the enrolment form will be held and processed for the purposes of:

- my enrolment;
- for statutory reporting; and
- for the purposes as set out in the Harper Adams University Data Protection Layered Notice.\*\*

\*\*The Layered Notice, available under Section 5 at <http://www.harper-adams.ac.uk/about/governance/publication-scheme.cfm>, should be read in conjunction with and in addition to the data collection notices herein.

I understand that such processing shall be undertaken in accordance with the Data Protection Act 1998 and that my personal information will be shared with external agencies, including the Higher Education Statistics Agency (HESA). University staff may also use anonymised student achievement data, as well as other anonymised personal data, with a view to evaluate the effectiveness of academic support arrangements. I have read and understand the way my personal information is used, as set out in the University's Data Protection Policy (available at [www.harper.ac.uk/docs](http://www.harper.ac.uk/docs)) and the Layered Notice and that by signing this agreement, I have given my written and informed consent. I also understand that I can withdraw consent to certain processing, the details and process for which are outlined in the Layered Notice.

I understand that, whilst the University will not normally discuss my progress or behaviour with third parties, including parents or next of kin, without my written permission, the University reserves the right to disclose limited personal information to my recorded next of kin, emergency or health services if it considers my wellbeing or that of others is at risk. I also understand that by signing this enrolment form, I consent to the University collecting and using my personal and sensitive personal information (for example ethnic origin or physical / mental health condition), in the manner and for the purposes set out above in accordance with the University's legal obligations under the Data Protection Act 1998.

### HESA – Student Collection Notice

*Every year we will send some of the information we hold about you to HESA ("your HESA information"). HESA is the official source of data about UK universities and higher education colleges ([www.hesa.ac.uk](http://www.hesa.ac.uk)). HESA collects, and is responsible for, the database in which your HESA information is stored. HESA is a registered charity and operates on a not-for-profit basis. HESA uses your HESA information itself for its own purposes. HESA also shares information from your HESA information with third parties. It may charge other organisations to whom it provides services and data. HESA's use of your HESA information may include linking information from it to other data, as described further in the full Student Collection Notice. All uses of HESA information must comply with the Data Protection Act 1998.*

*About six months after you graduate, we will contact eligible completers to ask you to fill in the Higher Education Statistics Agency (HESA) 'Destinations of Leavers from HE' questionnaire. You may also be contacted as part of an audit to check that we have undertaken this survey properly. We will not give your contact details to HESA. You may also be included in longitudinal surveys of leavers in the years after you graduate. If so, we will pass your contact details to the organisation that has been contracted to carry out that survey. That organisation will use your details only for that purpose, and will then delete them. If you do not want to take part in any of these surveys, please let us know.*

*The HESA Student Collection Notice is regularly reviewed. The most up to date version can be found at [www.hesa.ac.uk/fpn](http://www.hesa.ac.uk/fpn). Minor updates to the Student Collection Notice (including organisation name changes and clarification of previously specified purposes) may be made at any time. Major updates (such as a new purpose or administrative use) will be made no more than once per year. Under the Data Protection Act 1998 you have rights of access to the data HESA holds about you. You will have to pay a small fee for this. For further information about data protection and your HESA information please see [www.hesa.ac.uk/dataprot](http://www.hesa.ac.uk/dataprot) or email [data.protection@hesa.ac.uk](mailto:data.protection@hesa.ac.uk).*

I agree and accept that the contract between I, the student named on this enrolment form, and Harper Adams University, will be legally binding.

This Agreement is governed by the law of England and Wales, and is subject to the non-exclusive jurisdiction of the courts of England and Wales.

If you have any questions about this enrolment agreement, please contact [studentrecords@harper-adams.ac.uk](mailto:studentrecords@harper-adams.ac.uk).

**By signing below, I agree to the terms and conditions and provide my consent to the University's processing of my personal and sensitive personal information, as set out above.**

**I understand that if I do not submit work for assessment within any 15 month period, Harper Adams University retains the right to withdraw my registration.**

**Student signature:.....Print name:.....Date:.....**

**THIS SECTION IS ONLY TO BE COMPLETED IF YOU ARE STUDYING AT HARPER ADAMS CAMPUS IN SHROPSHIRE**

I will require accommodation for the duration of the course (*please circle*) Yes / No

I will arrive early and wish to book bed and breakfast accommodation for the evening preceding the start of my course (*please circle*) Yes / No

\*\*

**Higher Managerial and Professional Occupations (1)**

Employers with enterprises employing 25 people or more and positions which involve general planning and supervision of operations on behalf of the employer. All types of professional employees, regardless of employment status.

**Lower Managerial and Professional Occupations (2)**

Employers in small organisations who are in associate professional occupations and employees who generally plan and supervise operations on behalf of the employer under the direct supervision of senior managers, including higher supervisory positions typically found in large bureaucratic organisations and employees who supervise the work of others, exerting a degree of supervisory authority over them.

**Intermediate Occupations (3)**

Positions in clerical, sales, service, and intermediate technical and engineering occupations that do not involve general planning or supervisory powers.

**Small Employers and Own Account Workers (4)**

Employers who carry out all or most of the entrepreneurial and managerial functions of an enterprise, and have fewer than 25 employees or self-employed positions in which people are engaged in any non-professional trade.

**Lower Supervisory and Technical Occupations (5)**

Positions with a modified form of labour and which involve formal and immediate supervisor of others engaged in such occupations and those who are engaged in lower technical and related occupations.

**Semi Routine Occupations (6)**

Positions with a slightly modified labour contract, engaging in semi-routine occupations including, sales, service, technical, operative, agricultural, clerical and childcare roles.

**Routine Occupations (7)**

Positions with a basic labour contract, engaging in routine occupations including sales, service, production, technical, operative and agricultural work.

**For course provider only\*:**

Please enter the fee charged for the course covered in this enrolment form for this candidate:

£

**For BASIS office only\*:**

Please enter the exam fee for the course covered in this enrolment form for this candidate:

£

\*Please note that enrolment forms cannot be accepted without this information due to HEFCE reporting requirements.

|  |                   |
|--|-------------------|
| <b>Employer Details</b>                |                   |
| <b>*Name of Company:</b>               |                   |
| <b>*Work Address:</b>                  |                   |
| <br>                                   |                   |
| <br>                                   |                   |
| <br>                                   |                   |
| <b>*County (or country if not UK):</b> | <b>*Postcode:</b> |
| Work Telephone Number:                 | Work Mobile:      |
| Website address:                       |                   |
| Work e-mail Address:                   |                   |

|  |
|--|
| <b>Occupation Details</b>  |
| Are you a: FARMER / FARM MANAGER (Please circle as necessary) <b>OR</b>                                    |
| Adviser / Agronomist / Consultant / Technical Manager / Distributor Agronomist / Sprayer Op / Pest Control |
| Other (Please Specify):  |
| <b>Brief details and length of any trade experience to date and specialisms, if any:</b>                   |
|  |
| Do you already have a BASIS or FACTS Qualification: <b>YES / NO</b> <b>QUAL NO:</b>                        |

*For HAU office use only:*

|                    |              |
|--------------------|--------------|
| <b>Checked by:</b> | <b>Date:</b> |
|--------------------|--------------|

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**Form is valid for courses commencing between 1 August 2016 and 31 July 2017 only**