

## Registration Form - Collaborative Partners (UK)

### Section 1

**Personal details** (Please use BLOCK CAPITALS)

#### Full Legal Name

Title  Mr  Mrs  Miss  Ms  Dr.  Mx

Last name (Family name)

First name/s (Given name/s)

**Note: Please print your full legal name (as it appears on your passport and / or other legal documents) in block capitals.**

Gender  Male  Female

Date of birth:          
d d m m y y y y

Address

Postcode

Telephone

Email

Nationality

Country of birth

Institution

Campus (if applicable)

Start date          
d d m m y y y y

Mode of study Part-time  Full-time

Programme / course

Are you a direct entrant? \*refer to footnote  Yes  No

If yes, which year are you entering?  2nd  3rd

Tick this box to confirm that you agree with the following statement:

'I understand that I am a registered student with the above named Institution and with the University of Hertfordshire for the duration of the above programme of study. As a registered student and Member of the University of Hertfordshire, I agree to abide by University Regulations. I understand that University of Hertfordshire will process my personal information in accordance with its data protection policies and data protection legislation, including the General Data Protection Regulation.'

(It is a condition of Membership that you agree to comply with, and be bound by, the University of Hertfordshire's institutional policies, procedures and regulations (UPRs) in force from time to time. The current version of the UPRs can be found at [www.herts.ac.uk/upr](http://www.herts.ac.uk/upr) Information about Membership of the University of Hertfordshire can be found at <http://sitem.herts.ac.uk/secreg/upr/GV06.htm>)

**I have read and will comply with the University of Hertfordshire's terms and conditions**

Date

\* If you are entering the programme at a year other than the 1st year (e.g. you will be enrolling on the 2nd year of a 3 year degree programme) then you are a direct entrant

#### For Office use only

Registration number

Registered

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## Section 2

### Higher Education Statistics Agency (HESA) details

The University is required to ask these questions by HESA of all students. I consent to the University processing these details with HESA as part of its legal obligations.

*(The definition of disability under the Equality Act 2010 is a physical or mental impairment and long term adverse effect on a person's ability to carry out normal day-to-day activities)*

**Please enter details below**

Do you have a disability, if so please specify? (Or state if information is refused)

Are you in receipt of Disabled Students' Allowance?

What is your Country of Residence (Domicile)?

What was the last education institution you attended?

Do your parents hold a Higher Education qualification? (Or state if information is refused)

What is your highest qualification?

If your highest qualification is at QCF Level 3, eg A level, BTEC Extended Diploma/National Certificate, International Baccalaureate, list the subjects with grades/ points

Who is paying your fees? e.g self or employer

Term-time accommodation and post code (if different from home address) and whether rented, own or parental home.

What is your sexual orientation?

Are you the same gender as at birth?

What is your religion or belief?

### Ethnicity – please mark the category that you feel best describes your ethnic origin

White Irish

White British

Gypsy or Traveller

Any other White background (please write in)

Mixed - White and Black Caribbean

Mixed - White and Black African

Mixed - White and Asian

Any other Mixed background (please write in)

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - Bangladeshi

Any other Asian background (please write in)

Black or Black British – Caribbean

Black or Black British – African

Other Black background (please write in)

Chinese

Arab

Other ethnic background (please write in)

Ethnicity information refused

Not known