

APPLICATION FORM

Foundation Diploma in Tapestry Weaving

Please return completed form to:
Bookings Office, West Dean College, West Dean, Chichester, West Sussex, PO18 0QZ
email: bookingsoffice@westdean.org.uk Tel: 01243 818300

YOUR DETAILS (BLOCK LETTERS PLEASE):

First Name Surname

Address:

.....Postcode:

Telephone: Email:

Male [] Female [] Date of Birth Nationality:

DATA PROTECTION PROMISE
We respect your privacy and will not sell your details. We will use this information to carry out our obligations arising from your booking with us, to notify you about changes to our courses and to seek your feedback. For details of how we use data please refer to our Privacy Statement.
www.westdean.org.uk/privacy

I'd like my confirmation emailed posted

YOUR ACCOMMODATION REQUIREMENTS RESIDENT STUDENT [] NON RESIDENT STUDENT []

STANDARD ROOM WITH ENSUITE OR ADJACENT PRIVATE BATH/SHOWER SINGLE [] *TWIN []

SUPERIOR ROOM WITH ENSUITE BATH/SHOWER [] SINGLE [] *TWIN []

Please select preference: MAIN HOUSE [] (bath, shower or bath/shower) VICARAGE [] (bath/shower)

* Twin occupancy Sharing with (Name) Resident only [] Attending course []

SPECIAL NEEDS/DISABILITY

Please refer to the table below and enter in the box the code which is most appropriate to you:

- | | |
|---------------------------------|--|
| A. I do not have a disability | F. I have mental health difficulties |
| B. I am dyslexic | G. I have unseen difficulties, e.g. diabetes, asthma, epilepsy |
| C. I am blind/visually impaired | H. I have two or more of the above/special needs |
| D. I am deaf/have a hearing aid | I. I have a disability not mentioned above |
| E. I am a wheelchair user | |

DIETARY REQUIREMENTS (allergies or prescribed medical diets) [] Please detail

How did you hear about this course?

PAYMENT DETAILS – FULL PAYMENT is due on acceptance to the course

BY CHEQUE I ENCLOSE A CHEQUE FOR £..... (PAYABLE TO THE EDWARD JAMES FOUNDATION LTD)

BY CARD AMEX/MASTERCARD/VISA/DEBIT PLEASE CHARGE MY CARD BELOW WITH £.....

I agree to the Terms and Conditions online at www.westdean.org.uk/study/short-courses

SIGNED..... DATE.....

CARD NO Security No.

Name (as on card) Issue no: If applicable

Valid from (as on card) / Expiry date (as on card) /

Foundation Diploma in Tapestry Weaving

Please answer the following questions and return with your Application Form,

WEST DEAN COLLEGE
ARTS & CONSERVATION



YOUR NAME:

DAYTIME TELEPHONE NUMBER:

EMAIL:

When did you attend a beginners' Tapestry Weaving course – at West Dean or elsewhere?

As well as the above (or instead of) what previous experience relevant to the course do you have?

What attracts you to working in the medium of Tapestry Weaving?

What has attracted you to this course in particular?

What are you hoping to achieve from the course?

Do you keep a sketchbook?

Do you work or are you in full-time education? Please state which.

Please include at least two samples of your tapestry weaving, even if this is your first sample (e.g. prints of digital images or colour photocopies).

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