

Assistance with Payment Form (Learning Welsh)



General Details (Confidential)

Name:

Address:

.....

.....

Postcode:

Phone:

e-mail address:

Year of Birth:

Male Female

Personal Details

Ethnic Background:

Welsh

Other UK

Other European

Caribbean

African

US

India

Pakistani

Chinese

Other Asian

Other

Prefer Not to Say

This training/service will be funded by Cwmni Acen

Have you been on any Welsh Language course in the past three years?

Yes No

If 'Yes', please give a few details:

.....

.....

.....

Details of Assistance

What assistance would you like from Acen?

- Pay for on-line fees
- Receive Acen magazine free of charge

Reason for Request

I am:

- Pensioner
- On Benefit
- Low Income
-
-
-
-
-
-
-

Group Membership

Group Name:

.....

Address:

.....

.....

.....

.....

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.....

.....

If you represent a group or movement we ask you to publicise this assistance?

The Level of your Welsh

What is the level of your Welsh?

- | | | | |
|--------------|--------------------------|----------------|--------------------------|
| Not Started | <input type="checkbox"/> | Higher | <input type="checkbox"/> |
| Entry | <input type="checkbox"/> | Proficiency | <input type="checkbox"/> |
| Foundation | <input type="checkbox"/> | Degree (Welsh) | <input type="checkbox"/> |
| Intermediate | <input type="checkbox"/> | | |

Please give any other details:

.....

.....

Student Declaration

I declare that the information I have given is correct to the best of my knowledge.

Signed Date