

# Additional Support Booking Form



SEVERN  
BUSINESS  
COLLEGE

## PART A: STUDENT DETAILS

Title <i>(Please circle)</i>	Mr    Miss    Ms    Mrs	Student Number	
First Name		Family Name	
Date of Birth	____/____/____	Phone Number	
Email			
Address			

## PART B: Additional Support (please specify)

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## PART C: Reason for Additional Support

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## PART D: Additional Support Booking (please specify)

1 / 2 / 5 / 10 / 15 / 30 / \_\_\_\_\_ Hours / Days

## PART E: DECLARATION BY STUDENT

I am aware that I have to book additional support in advance and pay for additional support in advance.

I am aware that the additional support charges are additional to other fees.

I am aware that in certain circumstances, additional support may not be available.

Signature

Date

PLEASE COMPLETE THIS FORM AND RETURN TO: [admission@severnbusinesscollege.com](mailto:admission@severnbusinesscollege.com)

### Official Use Only

Additional Support Available Yes/No

Booking Dates/Hours

Signature

Booking Confirmed Yes/No

Instructor/Tutor/Other Name

Date