

# DeafVision

## 2011-2012 BRITISH SIGN LANGUAGE [BSL] CLASSES: LEVEL ONE

### STANDING ORDER MANDATE [FULL PAYMENT FEE]

#### BENEFICIARY DETAILS

Bank: Barclays Bank plc, 33 English Street, Carlisle, CA3 8JX  
Sort code: 20-18-47  
Account no: 40282197  
Account name: Cumbria Deaf Association t/a **DeafVision**

Reference: \_\_\_\_\_

#### ACCOUNT TO BE DEBITED

Bank name & address \_\_\_\_\_

Sort code: \_\_\_\_\_

Account number: \_\_\_\_\_

Account name: \_\_\_\_\_

#### PAYMENT DETAILS

first payment: £40 on 1st February 2012  
then: £40 on the first day of the month until  
final payment: £40 1<sup>st</sup> June 2012

CUSTOMER SIGNATURE[S] \_\_\_\_\_ DATE \_\_\_\_\_

.....

#### OR EMPLOYER'S/SPONSOR'S DETAILS

My fees are to be invoiced to:

NAME .....

ADDRESS .....

STUDENT NAME .....

SIGNATURE .....

# DeafVision

## 2011-2012 BRITISH SIGN LANGUAGE [BSL] CLASSES: LEVEL ONE

### CONCESSIONARY FEES: CERTIFICATE OF ELIGIBILITY

Each class provided by DeafVision has a full fee of £252.50. This fee is usually paid by the student undertaking the class or his/her employer. DeafVision will waive part of the fees in certain circumstances, reducing it to £180.70. If you wish to apply for fees to be part waived **you must be able to produce evidence** that you are in receipt of one of the following benefits:

- Job Seeker's Allowance (including the partner where the claim is joint)
- ESA (Work Related Activity Groups)

**You will need to produce your evidence with this form.** Acceptable evidence would be official paperwork with details of the benefit. Any student receiving part waiving of fees is still required to pay for all examinations and, where applicable, materials and this is included in the £180.70 quoted above.

This is to certify that .....[your name] of

.....[your address]  
is in receipt of the following means-tested Benefit [please delete where not applicable]:

- Job Seeker's Allowance (including the partner where the claim is joint)
- ESA (Work Related Activity Groups)

Signed: ..... Date:.....  
.....

### STANDING ORDER MANDATE [CONCESSIONARY PAYMENT FEE]

#### BENEFICIARY DETAILS

Bank: Barclays Bank plc, 33 English Street, Carlisle, CA3 8JX  
Sort code 20-18-47  
Account no: 40282197  
Account name: Cumbria Deaf Association t/a DeafVision

Reference: \_\_\_\_\_

#### ACCOUNT TO BE DEBITED

Bank name & address \_\_\_\_\_

Sort code: \_\_\_\_\_

Account number: \_\_\_\_\_

Account name: \_\_\_\_\_

#### PAYMENT DETAILS

first payment: £30 on 1st February 2012  
then: £30 on the first day of the month until  
final payment: £30 1<sup>st</sup> June 2012

CUSTOMER SIGNATURE[S] \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_