

ENROLMENT FORM AND LEARNING AGREEMENT FOR FULL AND PART-TIME FE STUDENTS 2011/12

Please complete all areas and PRINT IN BLOCK CAPITALS using a black biro and send to the appropriate centre.



1. PERSONAL DETAILS

SURNAME		HAVE YOU BEEN KNOWN BY ANY PREVIOUS SURNAME			
FIRST NAME		MIDDLE NAME		Mr	Mrs
DOB eg 21.07.62		AGE (at 31st Aug 10)	NATIONAL INSURANCE No.	STUDENT No.	
NAME OF LAST SCHOOL/COLLEGE ATTENDED:		ULN (L45)		ARE YOU A NATIONAL OR ARE YOU ENTITLED TO A PASSPORT FROM ONE OF THE FOLLOWING COUNTRIES? Please tick relevant box (L24)	
HOME ADDRESS	TERM TIME ADDRESS	ETHNIC MONITORING (L12) How would you describe your ethnic origin? <input type="checkbox"/> Asian / Asian British Bangladeshi 11 <input type="checkbox"/> Asian / Asian British Indian 12 <input type="checkbox"/> Asian / Asian British Pakistani 13 <input type="checkbox"/> Asian / other 14 <input type="checkbox"/> Black / African 15 <input type="checkbox"/> Black / Caribbean 16 <input type="checkbox"/> Black / other 17 <input type="checkbox"/> Chinese 18 <input type="checkbox"/> Mixed White and Asian 19 <input type="checkbox"/> Mixed White and Black African 20 <input type="checkbox"/> Mixed-White and Black Caribbean 21 <input type="checkbox"/> Any other mixed background 22 <input type="checkbox"/> White British 23 <input type="checkbox"/> White Irish 24 <input type="checkbox"/> Any other White background 25 <input type="checkbox"/> Other 98 <input type="checkbox"/> Not known/not provided 99		RESIDENCY Have you been resident in the UK or one of the named countries for the whole of the last 3 years? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO please indicate where you have been living: If NO A fee assessment will be required before enrolment ARE YOU A REFUGEE? YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES please supply copies of your Home Office letters) ARE YOU AN ASYLUM SEEKER? YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES please supply copies of your Home Office letters)	
POSTCODE:	POSTCODE:			<input type="checkbox"/> Austria <input type="checkbox"/> Latvia <input type="checkbox"/> Belgium <input type="checkbox"/> None <input type="checkbox"/> Bulgaria <input type="checkbox"/> Lithuania <input type="checkbox"/> Cyprus <input type="checkbox"/> Luxembourg <input type="checkbox"/> Czech Rep. <input type="checkbox"/> Malta <input type="checkbox"/> Denmark <input type="checkbox"/> Netherlands <input type="checkbox"/> Estonia <input type="checkbox"/> Poland <input type="checkbox"/> Finland <input type="checkbox"/> Portugal <input type="checkbox"/> France <input type="checkbox"/> Romania <input type="checkbox"/> Germany <input type="checkbox"/> Slovakia <input type="checkbox"/> Greece <input type="checkbox"/> Slovenia <input type="checkbox"/> Hungary <input type="checkbox"/> Spain <input type="checkbox"/> Ireland <input type="checkbox"/> Sweden <input type="checkbox"/> Italy <input type="checkbox"/> United Kingdom If none of the above please state nationality	
HOME TEL:	HOME TEL:				
WORK TEL:	WORK TEL:				
EMERGENCY CONTACT NUMBER:		EMERGENCY CONTACT NAME:			
MOBILE:		EMAIL:			
ARE YOU IN THE CARE OF THE LOCAL AUTHORITY OR WITH THE LEAVING CARE TEAM? IF YES YOU WILL BE CONTACTED BY STUDENT SERVICES FOR SUPPORT. YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU CONSIDER YOURSELF TO HAVE A LEARNING DIFFICULTY AND /OR DISABILITY AND / OR HEALTH PROBLEM AND DO YOU THINK YOU WILL NEED SUPPORT WHILST AT COLLEGE? YES <input type="checkbox"/> NO <input type="checkbox"/> (L14)			
DISABILITY L15		LEARNING DIFFICULTY L16			
Visual Impairment <input type="checkbox"/> 01	General Learning Difficulty <input type="checkbox"/> 01				
Hearing Impairment <input type="checkbox"/> 02	Specific Learning Difficulty <input type="checkbox"/> 19				
Disability affecting mobility <input type="checkbox"/> 03	Autism <input type="checkbox"/> 20				
Other medical condition <input type="checkbox"/> 05					
Other <input type="checkbox"/> 97					
Your enrolment data will be part of the 'Managing Information Across Partners' (MIAP) and will be used to allocate you a Unique Learner Number, which will enable you to access a Learner Records Services. You can opt out of sharing this information. Further details can be found at www.miap.gov.uk or by telephoning the MIAP helpdesk on 0845 6022589. For us to verify your identity, you may be required to provide suitable evidence: EVIDENCE SEEN? YES <input type="checkbox"/> NO <input type="checkbox"/>					
MIAP EVIDENCE					
None provided <input type="checkbox"/> 00	Relationship with school <input type="checkbox"/> 01				
Passport <input type="checkbox"/> 02	Driving licence <input type="checkbox"/> 03				
ID Card or other form <input type="checkbox"/> 03	National Insurance Card <input type="checkbox"/> 05				
of national identification <input type="checkbox"/> 04	Bank/Credit/Debit Card <input type="checkbox"/> 07				
Certificate of Entitlement to Funding <input type="checkbox"/> 06	Other <input type="checkbox"/> 999				
THE YPLA AND SFA OR ITS PARTNERS MAY WISH TO CONTACT YOU FROM TIME TO TIME ABOUT COURSES OR LEARNING OPPORTUNITIES RELEVANT TO YOU (PLEASE TICK ONE BOX). (L27)					
THE LEARNER WITHHOLDS PERMISSION TO BE CONTACTED YES <input type="checkbox"/>					
THE LEARNER ONLY WITHHELD PERMISSION TO BE CONTACTED ABOUT COURSES OR LEARNING OPPORTUNITIES YES <input type="checkbox"/>					
THE LEARNER ONLY WITHHOLDS PERMISSION TO BE CONTACTED FOR SURVEYS AND RESEARCH YES <input type="checkbox"/>					
NO ADDITIONAL RESTRICTIONS ON THE USE OF THE LEARNERS RECORD YES <input type="checkbox"/>					
QUALIFICATIONS ACHIEVED: Please identify the highest qualification(s) that you currently hold (L35)					
<input type="checkbox"/> No qualifications <input type="checkbox"/> Level 4 (NVQ, HND, First Degree) <input type="checkbox"/> Entry Level (1, 2, 3) <input type="checkbox"/> Level 5 (NVQ, PhD, Masters, PGCE) <input type="checkbox"/> Level 1 (NVQ, GCSE @ D-G, CSE, BTEC Introductory Diploma) <input type="checkbox"/> Not known <input type="checkbox"/> Level 2 (NVQ, 5 GCSE @ A-C, BTEC First Diploma) <input type="checkbox"/> Level 3 (NVQ, A/AS Level*, BND, GNVQ Advanced (*2 Full A Levels))					
HAVE YOU EVER STARTED A QUALIFICATION BUT NOT COMPLETED IT? YES <input type="checkbox"/> NO <input type="checkbox"/> (A51A)					
IF YES, PLEASE SPECIFY WHICH COURSE					

DATA PROTECTION ACT 1998 The information you provide on this form will be passed to the Young Peoples Learning Agency (YPLA) and the Skills Funding Agency (SFA). The YPLA and SFA are responsible for the funding and planning of education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information that you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include the Department for Education and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council, educational institutions and organisations performing research and statistical work on behalf of the YPLA and SFA or its partners. The YPLA and SFA is also a co-financing organisations and uses European Social Funds from the European Union to directly or indirectly part finance learning activities, helping to develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and what they do can be found at <http://www.lsc.gov.uk> and by following the links to data protection.
At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the YPLA and SFA and its partners to monitor performance, improve quality and plan future provision. You may be contacted by the YPLA and SFA or its partners in respect of surveys and research. The YPLA and SFA values your views on the education and/or training that you receive, and will use these to help bring about improvements for learners in England.

2. COURSE, GUIDANCE

COURSE CODE	COURSE CODE
COURSE TITLE	COURSE TITLE
START DATE	END DATE
HOURS PER WEEK	WEEKS PER YEAR
GLH YEAR	FUNDING CLAIMED % (If not 100%)
DELIVERY METHOD (TICK) <input type="checkbox"/> 01 = Class Contact <input type="checkbox"/> 02 = Open Learning <input type="checkbox"/> 03 = Distance Learning	

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COURSES REQUIRING GUIDANCE THIS SECTION TO BE COMPLETED IN CONJUNCTION WITH A MEMBER OF STAFF <input type="checkbox"/> CHOICE OF COURSE AND EXPECTATIONS <input type="checkbox"/> SUITABILITY OF LEARNING PLAN <input type="checkbox"/> ENTRY QUALIFICATIONS SEEN <input type="checkbox"/> FOR 1st FULL LEVEL 2 OR 3 (Section 4 overleaf must be completed)	
GUIDANCE STAFF NAME: (please print)	
SUPPORT FOR STUDENTS – TUTORS MUST SIGNPOST TO RELEVANT STUDENT SERVICES DEPARTMENT:	
<input type="checkbox"/> CHILDCARE NEEDS	<input type="checkbox"/> STUDENT FINANCE
<input type="checkbox"/> CAREERS/GUIDANCE	

DECLARATION: I confirm that the details on this form are accurate and complete and I consent to you processing the information that I have given. If I am under 18 or sponsored by an employer or agency, I also consent to you disclosing information about my attendance and performance whilst at College.

Students who are 18 and over or who become 18 during the duration of their full-time programme will have information about their progress and attendance shared with their parents/carers. If students wish to opt out of this they need to speak to their personal tutor.

STAFF SIGNATURE:..... DATED:.....

STUDENT'S SIGNATURE:..... DATED:.....

3. FEE DETAILS

REMITTED FEES: ORIGINAL EVIDENCE MUST BE PROVIDED AND YOU MUST INFORM THE COLLEGE IF YOUR CIRCUMSTANCES CHANGE OR YOU STOP RECEIVING BENEFIT (please tick relevant box to indicate which benefit)

REMISSION (A14)

<input type="checkbox"/> 16-18 Student	01
<input type="checkbox"/> Course is Skills for Life (not ESOL)	09
<input type="checkbox"/> Job Seekers Allowance	15
<input type="checkbox"/> Employment Support Allowance (Work related group only)	04
<input type="checkbox"/> 1st Full Level 2 (age 19+) (see section 4)	22
<input type="checkbox"/> 1st Full Level 3 (age 19-24 inclusive) (see section 4)	24
<input type="checkbox"/> SNC Staff	10

IS YOUR EMPLOYER PAYING YOUR COURSE FEES? YES NO
If YES please supply a letter of authority confirming payment or a company cheque or payment details.

INTERNATIONAL APPROVED BY
Signed

FOR TYPE OF EVIDENCE NEEDED PLEASE SEE 'TERMS & CONDITIONS' SECTION OVERLEAF.

CRB FEE PAID £36
ISA FEE PAID £64

CREDIT/DEBIT CARD DETAILS
Please enter all card information to authorise charges.

CARD NO: / / /

VALID FROM: EXPIRY DATE:

ISSUE NO. IF APPLICABLE:

SECURITY NUMBER: (Last three digits on the signature strip on the back of the card)

NAME ON CARD:

SIGNATURE:

FEES DUE

COURSE 1	£.....
COURSE 2	£.....
COURSE 3	£.....
COURSE 4	£.....
COURSE 5	£.....
ADMIN FEE	£.....
TOTAL	£.....

THIS FORM IS NOT VALID UNLESS OFFICIALLY RECEIPTED:

INPUT BY:..... DATE:.....

