



ENROLMENT FORM

Name of College/Centre

PLEASE USE BLOCK CAPITALS (the name you provide will appear on any certificates.)

Section 1

Title: Mr Mrs Miss Ms Dr Other Male Female

Last Name: _____ First Name(s): _____

Address: _____ Postcode: _____

Tel. No.: (day) _____ (eve) _____ Emergency _____

Email: _____ Mobile _____ Date of Birth: DD/MM/YYYY

Enter Course Details Below

Course Code	Course Title	Start Date	Start Time	End Time	Sessions	Term	Fee £

LSC Funding Status

Are you in full time education? Yes No

Have you been legally resident in the UK/EU for 3 years other than for education? Yes No

For Office Use - Residency

Evidence seen

Checked by _____
Date _____

Section 2 FEE REMISSION

Yes No
First Full Level 2 entitlement Yes No
First Full Level 3 entitlement Yes No

Please tick one box that describes your status

Income Based Benefit (MTB)

- 4B Housing Benefit
- 4C Council Tax Benefit
- 4E Income Support
- 08 Unwaged Dependant of MTB
- 14 Asylum Seeker Benefit
- 15 Job Seeker's Allowance
- 18 Disabled Persons Tax Credit
- 21 Working Tax Credit (Income less than £15,276)
- 23 Pensions Credit Guarantee
- 01 16-18 yr-old not in full time education (Accredited courses only)

Non Income Based Benefit (NMTB)

- 61 Incapacity Benefit
- 62 Disability Living Allowance
- 63 Severe Disability Allowance
- 64 Attendance/Carers Allowance
- 65 One Parent Benefit
- 66 Unwaged Dependant of NMTB

Proof of Benefit/Status is required and needs to be shown to staff member of college/centre at time of enrolment.

For Office Use Fee Remission / LSF

I have seen the appropriate evidence and am satisfied that the person is entitled to fee remission / Learner Support Fund claimed.

Staff signature _____
Date _____

Evidence seen

Section 3 CHILDCARE

Do you require Childcare? Yes Please speak to the Centre staff about local childcare arrangements/support.

Section 4 SKILLS ACCOUNTS

An online Skills Account helps you to take control of your learning and working life. It offers access to a range of personalised careers information and advice about how to improve your skills.

Would you like to open a Skills Account Yes No

Section 5 Have you attended an adult learning course anywhere in the last 3 years? Yes No

Are you in employment? Temporary Part time Full time No

Please indicate qualifications already achieved. Tick box as appropriate.

- | | |
|---|---|
| <input type="checkbox"/> No previous qualifications | <input type="checkbox"/> 5 or more GCSEs grades A-C or equivalent (NVQ Level 2) |
| <input type="checkbox"/> Entry Level | <input type="checkbox"/> 1 A Level (or 2 AS levels) or equivalent |
| <input type="checkbox"/> NVQ Level 1 (eg. CLAIT, ECDL part 1) | <input type="checkbox"/> 2 A Levels or equivalent |
| <input type="checkbox"/> 1-4 GCSEs grades A-C or equivalent | <input type="checkbox"/> NVQ Level 3 |
| <input type="checkbox"/> GCSE English grade A-C or equivalent | <input type="checkbox"/> Degree |
| <input type="checkbox"/> GCSE Maths grade A-C or equivalent | |

Section 6 ADDITIONAL LEARNING SUPPORT

Do you have any difficulties or disabilities that may affect your learning?

No Yes please specify

Disability Category (please tick)

L15 Disabled

- | | | | | | | | | | |
|---|--|---|---|---|--|---|--|---|---|
| <input type="checkbox"/> 01 Visual Impairment | <input type="checkbox"/> 02 Hearing Impairment | <input type="checkbox"/> 03 Disability affecting Mobility | <input type="checkbox"/> 04 Other Physical Disability | <input type="checkbox"/> 05 Other Medical Condition | <input type="checkbox"/> 06 Emotional / Behavioural difficulties | <input type="checkbox"/> 07 Mental Ill Health | <input type="checkbox"/> 08 Temporary Disability after illness | <input type="checkbox"/> 09 Profound / Complex Disabilities | <input type="checkbox"/> 90 Multiple Disabilities |
|---|--|---|---|---|--|---|--|---|---|

L16 Learning Difficulties

- | | | | | | | | |
|--|--|--------------------------------------|---|--|--|---|---|
| <input type="checkbox"/> 01 Moderate learning difficulties | <input type="checkbox"/> 02 Severe learning difficulty | <input type="checkbox"/> 10 Dyslexia | <input type="checkbox"/> 11 Dyscalculia | <input type="checkbox"/> 19 Other specific learning difficulty | <input type="checkbox"/> 90 Multiple learning difficulty | <input type="checkbox"/> 97 Other learning difficulty | <input type="checkbox"/> 99 Not known / info not provided |
|--|--|--------------------------------------|---|--|--|---|---|

Do you need help with? (tick if appropriate)

- | | |
|--|--|
| <input type="checkbox"/> English Language | <input type="checkbox"/> Reading, writing or communication |
| <input type="checkbox"/> Using numbers/Maths | <input type="checkbox"/> Other needs |

Would you like us to contact you to discuss your needs? Yes No

Would you like us to inform your tutor of your needs? Yes No

The Disability Discrimination Act (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities and has lasted or is likely to last at least 12 months. Since 2005 people with HIV, Cancer, Multiplesclerosis and severe disfigurement are covered by the DDA.

You have the right **NOT** to disclose your disability (including learning difficulties) but this may mean we will not be able to provide you with relevant support.

Section 7 Please tick the one box that describes your ethnic origin most closely.

- | | | | | | | | | | | | | | | | | |
|---|---|--|---|--|--|--|-------------------------------------|---|---|---|--|---|---|---|---------------------------------------|--|
| <input type="checkbox"/> 11 Asian British-Bangladeshi | <input type="checkbox"/> 12 Asian or Asian British-Indian | <input type="checkbox"/> 13 Asian or Asian British-Pakistani | <input type="checkbox"/> 14 Asian British - Any Other Asian | <input type="checkbox"/> 15 Black or Black British-African | <input type="checkbox"/> 16 Black or Black British-Caribbean | <input type="checkbox"/> 17 Any other Black/British background | <input type="checkbox"/> 18 Chinese | <input type="checkbox"/> 19 Mixed White & Asian | <input type="checkbox"/> 20 Mixed White & Black African | <input type="checkbox"/> 21 Mixed White & Black Caribbean | <input type="checkbox"/> 22 Mixed Any Other Mixed Background | <input type="checkbox"/> 23 White British | <input type="checkbox"/> 24 White Irish | <input type="checkbox"/> 25 White Any Other White | <input type="checkbox"/> 98 Any Other | <input type="checkbox"/> 99 Not Known / Not Provided |
|---|---|--|---|--|--|--|-------------------------------------|---|---|---|--|---|---|---|---------------------------------------|--|

Section 8 DATA PROTECTION ACT 1998 (DPA)

The information you provide on this form will be passed to the Learning and Skills Council (LSC). The LSC is responsible for funding and planning education and training for over 16 year olds in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purposes 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, Examination Awarding Bodies, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC also administers the Learner Registration Service (LRS) which will use your information to create and maintain a unique learner number (ULN). The LSC is also a co-financing organisation and uses the European Social Fund from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and the ULN and what they do may 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 LSC and its partners to monitor performance, improve quality and plan future provision.

Tick this box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners aged over 16 in England.

Please tick here if you do not wish to be contacted about courses or learning opportunities by post, Email or text message.

Signed (Learner): _____

Date _____

Section 9 MARKETING

How did you get to hear about the course ?

- | | |
|---------------------------------|--------------------------|
| Learning in the City Prospectus | <input type="checkbox"/> |
| TV/Radio | <input type="checkbox"/> |
| Newspaper | <input type="checkbox"/> |
| LASALS Website | <input type="checkbox"/> |
| Poster/Display | <input type="checkbox"/> |
| Telephone enquiry | <input type="checkbox"/> |
| Word of mouth | <input type="checkbox"/> |

Other - please state

Staff signature

Date _____