

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 £

SFA/YPLA 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.

- No previous qualifications
 Entry Level
 NVQ Level 1 (eg. CLAIT, ECDL part 1)
 1-4 GCSEs grades A-C or equivalent
 GCSE English grade A-C or equivalent
 GCSE Maths grade A-C or equivalent
 5 or more GCSEs grades A-C or equivalent (NVQ Level 2)
 1 A Level (or 2 AS levels) or equivalent
 2 A Levels or equivalent
 NVQ Level 3
 Degree

Section 6 Please tick the one box that describes your ethnic origin most closely.

- Asian British-Bangladeshi
 Asian or Asian British-Indian
 Asian or Asian British-Pakistani
 Asian British - Any Other Asian
 Black or Black British-African
 Black or Black British-Caribbean
 Black or Black British-Somali
 Any other Black/British background
 Chinese
 Gypsy/Romany/Irish Traveller
 Mixed White & Asian
 Mixed White & Black African
 Mixed White & Black Caribbean
 Mixed Any Other Mixed Background
 White British
 White European
 White Irish
 White Any Other White
 Any Other
 Not Known / Not Provided

Section 7 Sexual Orientation

- Bisexual
 Gay (Female) / Lesbian
 Gay (Male)
 Heterosexual / Straight
 Prefer not to say
 Other

Section 8 Religion or Belief

How would you define your religion or belief?

- Bahai Sikh
 Buddhist Atheist
 Christian No Religion
 Hindu Prefer not to say
 Jain Other
 Jewish Other
 Muslim

Section 9 ADDITIONAL LEARNING SUPPORT

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

- No Yes please specify

Disability Category (please tick)

- | | |
|--|--|
| <input type="checkbox"/> L15 Disabled | <input type="checkbox"/> L16 Learning Difficulties |
| <input type="checkbox"/> 01 Visual Impairment | <input type="checkbox"/> 01 Moderate learning difficulties |
| <input type="checkbox"/> 02 Hearing Impairment | <input type="checkbox"/> 02 Severe learning difficulty |
| <input type="checkbox"/> 03 Disability affecting Mobility | <input type="checkbox"/> 10 Dyslexia |
| <input type="checkbox"/> 04 Other Physical Disability | <input type="checkbox"/> 11 Dyscalculia |
| <input type="checkbox"/> 05 Other Medical Condition | <input type="checkbox"/> 19 Other specific learning difficulty |
| <input type="checkbox"/> 06 Emotional / Behavioural difficulties | <input type="checkbox"/> 20 Autism Spectrum Disorder |
| <input type="checkbox"/> 07 Mental Ill Health | <input type="checkbox"/> 90 Multiple learning difficulty |
| <input type="checkbox"/> 08 Temporary Disability after illness | <input type="checkbox"/> 97 Other learning difficulty |
| <input type="checkbox"/> 09 Profound / Complex Disabilities | <input type="checkbox"/> 99 Not known / info not provided |
| <input type="checkbox"/> 10 Aspergers Syndrome | |
| <input type="checkbox"/> 90 Multiple Disabilities | |

Do you need help with? (tick if appropriate)

- English Language Reading, writing or communication
 Using numbers/Maths 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 10 Privacy Statement 2010/2011.

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding and, where required, the Young People's Learning Agency for England ("the YPLA") to enable those organisations to fulfil their statutory obligations, principally under the Apprenticeships, Skills, Children and Learning Act 2009. Both organisations are registered as data controllers with the UK Information Commissioner's Office.

The Skills Funding Agency funds adult further education and skills training, including apprenticeships, in England. The YPLA is responsible for arranging the provision of funding for the education and training of young people in England. The Skills Funding Agency processes learner data on behalf of the YPLA.

The information you provide may be shared with other organisations for purposes of administration, the provision of career and other guidance and statistical and research purposes, relating to education or training. Other organisations include the Department for Education, the Department for Business, Innovation and Skills, Local Authorities, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, Sports Achievement Project, educational institutions and organisations performing research and statistical work on behalf of the Skills Funding Agency, the YPLA, or partners of those organisations.

The Skills Funding Agency also administers the learner registration service (LRS) which uses your learner information to create and maintain a unique learner number (ULN).

Further information about use of and access to your information is available at: Skills Funding Agency: <http://skillsfundingagency.bis.gov.uk/foi.htm> YPLA: <http://www.ypla.gov.uk/foi.htm>

At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

- Tick this box if you do not wish to be contacted by the SFA or its partners in respect of surveys and research.
 Leicester Adult Skills and Learning Service may need to contact you from time to time to remind you about the start dates of courses you are enrolled on or to inform you about cancelled or closed courses.
 Please tick here if you do not wish to be contacted about this by SMS text messaging or e-mail

Signed (Learner): _____

Date _____

Section 11 Please tell us how you heard about your course

- LASALS - Website LASALS - Course guide
 Class tutor Family/friend Poster or advert

Where did you get your copy of the Course Guide

- Download from LASALS website
 Library Local Learning Centre
 Through my letterbox (first 2 numbers of Post Code LE:)
 Posted to me (first 2 numbers of Post Code LE:)
 Other - please specify



Staff signature

Date _____

EF 2010