

**Enrolment Form and Learning Agreement for Adult Part Time Courses**

1. Please state if you have been a student at this college before: **Yes**  **No**

2. **Personal Details:**

<b>Mr/Mrs/Ms/Miss</b>	<b>Surname</b>	<b>Forename/s</b>	<b>Male/ Female</b>	<b>Date of Birth</b>
<b>Address</b>		<b>Contact Tel Nos. (to be used when urgent e.g. class cancellation)</b>		
		<b>Day</b>	<b>Eve</b>	
		<b>Mobile No.</b>		
<b>Post Code</b>		<b>E-Mail address</b>		

**Next of Kin (for emergency use only)**

<b>Name</b>	<b>Contact Tel. No.</b>

\*Have you been ordinarily resident in the UK for the last 3 years?  Yes  No  
 \*If not, have you been ordinarily resident in the European Union or EEA in the last 3 years? Yes  No

What is your Nationality?  In which country are you normally resident?

\* If you answer "No" to either of these questions, then you may be liable for paying a higher rate of course fee.

3. **Ethnicity Code**

- 11 Bangladeshi
- 15 Black African
- 16 Black Caribbean
- 17 Black Other
- 12 Indian
- 13 Pakistani
- 14 Other - Asian
- 18 Chinese
- 23 White
- 98 Other
- 99 Not known

4. **Disability Code**

I **DO/DO NOT** consider myself to have a learning difficulty or disability. *(delete as applicable)*

If you consider yourself to have a learning difficulty or a disability, please give a brief description of the support needed.

(Please include a note here if you need e.g.a loop system, sign interpreter, wheelchair access

MON  TUES  WED

5. **Courses applied for :-** Title \_\_\_\_\_

6. **Current Qualifications (On Entry):**

Please list your highest level qualification	Subject	Grade	Date Achieved
Please list qualifications relevant to the course for which you are enrolling	Subject	Grade	Date Achieved

**Concessions please note (box - below right)**

Please indicate which of the categories listed applies– please note proof will be required.

**For information only:**

The fee remission policy does not apply to Certification/Examination fees.

7. **Agreement for all students claiming Concession Fee reduction.**

I will inform the institution of any change of circumstance

Signature .....

Date.....

8. **The Learner's Assessment and Guidance provided, covered the following:**

- a. the implications of the choice of the learning programme
- b. the entry requirements of the chosen learning programme
- c. an assessment of the suitability of the learning programme
- d. any other support required by the student

The assessment and guidance was provided at initial interview by \_\_\_\_\_

**A course will not run if minimum numbers are not met.**

9. **Statement by the learner**

- a) The initial assessment and guidance I received in relation to my learning programme covered the key areas set out above. The College reserves the right to divide, combine or close the course. In the case of course closure, relevant refunds will be made.
- b) The information you provide on this form will be passed to the Learning and Skills Council (the 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 purpose of administration, careers and other guidance and statistical and research purposes. Other organisations with which we will share information included, the Department for Education and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council of England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC is also a co-financing organisation and uses European Social Funds 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 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. The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. Please tick here if you do not wish to be contacted about courses or learning opportunities by post.

**Learner's Signature** \_\_\_\_\_  
 For College use only

**Countersigned** \_\_\_\_\_ **Date** \_\_\_\_\_

ECDL ID Check			
Passport		D.Licence	
Utility Bill		Other	
Signature		Date	

Concessions		
<b>01</b>	Under 19	
<b>04</b>	Income Based State Benefit	
<b>08</b>	Unwaged and dependant on someone receiving a benefit in category 04 or 15	
<b>10</b>	Fee Waived	
<b>13</b>	Other Funding	
<b>15</b>	In receipt of Job Seekers Allowance	
<b>21</b>	Working Tax Credit	
<b>23</b>	Pensions Guarantee Credit	

Course Code		Start Date	
Length of course in weeks		End Date	
Guided learning hours per week		Total Hours	
Prior attainment level			

