

Marketing – Please help us to monitor our marketing and publicity by indicating how you heard about the College. Please tick (✓)

FF	Friend/Family	<input type="checkbox"/>	OD	Open Day/Evening	<input type="checkbox"/>	NEW	Newspaper/Magazine	<input type="checkbox"/>
BP	Banner/Poster	<input type="checkbox"/>	EMP	Employer	<input type="checkbox"/>	WEB	College Website	<input type="checkbox"/>
SCH	School	<input type="checkbox"/>	LIB	Library	<input type="checkbox"/>	INT	Other Website	<input type="checkbox"/>
CON	Connexions	<input type="checkbox"/>	LF	Leaflets/Flyers/Posters	<input type="checkbox"/>	LD	LearnDirect	<input type="checkbox"/>
HOT	Course Directory (e.g. Hotcourses, Floodlight)	<input type="checkbox"/>	STA	College Stand (e.g. Careers Fair, Festival)	<input type="checkbox"/>	CEU	Community Education	<input type="checkbox"/>

Equality and Diversity Data Ethnicity (L12) - I would consider myself as being - Please tick (✓) one

11	Asian or 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 or Asian British – any other Asian background	<input type="checkbox"/>	15	Black or Black British – African	<input type="checkbox"/>	16	Black or Black British – Caribbean	<input type="checkbox"/>
17	Black or Black British – any other Black background	<input type="checkbox"/>	18	Chinese	<input type="checkbox"/>	19	Mixed – White and Asian	<input type="checkbox"/>
20	Mixed – White and Black African	<input type="checkbox"/>	21	Mixed–White and 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 background	<input type="checkbox"/>
98	Any other (please state) _____					Office Use Only: Not Provided <input type="checkbox"/>		

The following information is required by the College so that we may help you while you are studying. We need to know this before you start your course so that we may arrange any support that you require.

Disability (L15) - Do you consider that you have a disability/health problem? Please tick (✓) one Yes No

Please tick any boxes below to tell us the type(s) of disability that you have:

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	Any other medical condition (e.g. epilepsy/diabetes/asthma)			<input type="checkbox"/>	06	Emotional/behavioural difficulties	<input type="checkbox"/>	07	Mental health difficulty	<input type="checkbox"/>	
08	Temporary disability after illness or accident			<input type="checkbox"/>	09	Profound/complex disabilities	<input type="checkbox"/>	10	Aspergers syndrome	<input type="checkbox"/>	
90	Multiple disabilities	<input type="checkbox"/>	97	Other disability _____			<input type="checkbox"/>				

Learning Difficulty (L16) - Do you consider that you have a learning difficulty? Please tick (✓) one Yes No

Please tick any boxes below to tell us the type(s) of learning difficulty that you have:

01	Moderate learning difficulty	<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 (please state) _____					<input type="checkbox"/>	20	Autism spectrum disorder	<input type="checkbox"/>		
90	Multiple learning difficulties (please state) _____					<input type="checkbox"/>	97	Other _____	<input type="checkbox"/>		

Would you like to discuss any support you may require in confidence with the Learning Support Team? Yes No

Residential Status Have you been living in the UK for the past 3 years? Please tick (✓) one Yes No

In which country were you born? _____ What is your nationality? _____

If you have not been living in the UK for the past 3 years then please answer the questions below.

In which country have you been living during the past 3 years? _____

Passport Details - Only required if you do not hold a British passport

Which country issued your passport? _____ Passport No. _____ Issue Date: _____

Please tick (✓) which type of visa you have.

Work Permit Settlement Indefinite leave to remain Spouse Dependant Student Visa

Other (please state) _____

Visa Issue Date: _____ Visa Expiry Date: _____ Visa No. _____

Do you have any of the following? If so please tick (✓) which one.

Exceptional Leave to Remain Humanitarian Protection Discretionary Leave Refugee Status Asylum Seeker Status

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Residential Documents Checked by: Signed: _____ Date: _____

You may be asked to provide proof of your status, e.g. Passport/Home Office papers

Level 2/Level 3 Entitlement Declaration Please tick (✓) the appropriate box if applicable

I confirm that the qualification information that I have provided is correct and I declare that I do not already have a full **Level 2** or higher qualification. I confirm that I intend to continue my learning programme to achieve a full Level 2 qualification.

I confirm that the qualification information that I have provided is correct and I declare that I do not already have a full **Level 3** or higher qualification. I confirm that I intend to continue my learning programme to achieve a full Level 3 qualification.

I understand that if I have declared false information, action may be taken to reclaim the tuition fees and any associated costs from me.

Learner Signature: _____ Date: _____

Course Details (Shaded Area for Office Use Only)

Course Title	Course Code	Learner Start Date	Expected End Date	Total Guided Learning Hours	Actual Tuition Fee Charged	Exam Fee	Tutor Initials for Acceptance onto the Course
Totals					£	£	

Course Fees Who is paying your course fees? You Your Employer* Training Provider* School* Other*

*Please provide a letter confirming that your fees will be met by your employer/training provider/school.

Concessions

Are you (or your partner) receiving any of the following benefits? If so please tick (✓) the appropriate box(es). You will need to provide evidence of these benefits, which must be dated within the last 3 months, in order to qualify for fee remission on tuition fees. Those marked* do not qualify for fee remission.

01	Aged 16-18	<input type="checkbox"/>	04	Income Support	<input type="checkbox"/>	04	Council Tax Benefit	<input type="checkbox"/>
04	Housing Benefit	<input type="checkbox"/>	08	Unwaged Dependant of 04, 14, 15 or 21	<input type="checkbox"/>	09	Skills for Life Course (not ESOL)	<input type="checkbox"/>
14	Asylum Seeker in Receipt of Means Tested Benefits	<input type="checkbox"/>	15	Jobseekers Allowance	<input type="checkbox"/>	23	Pensions Guarantee Credit	<input type="checkbox"/>
21	Working Tax Credit (With a household income of less than £15,276)	<input type="checkbox"/>	99	None*	<input type="checkbox"/>	99	Senior Citizen's Pension*	<input type="checkbox"/>
22	Level 2 Entitlement (Declaration signed)	<input type="checkbox"/>	24	19-25 Level 3 Entitlement (Declaration signed)	<input type="checkbox"/>			<input type="checkbox"/>

Fee Assessment - For Office Use Only

Copies of supporting documents checked and attached by: Signed: _____ Date: _____

Registration Fee (for students on Qualification Courses)	£		Fee Band
Total Tuition Fees (b/forward from Course Details)	£		
Total Examination Fees	£		
CRB Check Fee	£		
Total Fees Due	£		Finance
Less Fee Paid	£		
Amount Outstanding	£		Fee Waiver
EBS Ref:		BOOK/RECEIPT NO.	

Enrolment taken by: _____ Date: _____ Input By: _____ Date: _____

Data Protection Statement 2009/2010

Data Protection Act 1998 –The information you provide will be passed to the Learning and Skills Council (the LSC). The LSC is responsible for funding, planning and encouraging education and training for young people and adults 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 include, the Department for Children, Schools and Families, the Department for Innovation, Universities and Skills, Connexions, Local Authorities, 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 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 the ULN and what they do, may be found at www.lsc.gov.uk/providers/Data/help/dataprotection.

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.

The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you.

- | | | |
|--------|--------------------------|--|
| 1. (3) | <input type="checkbox"/> | 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 in England. |
| 2. (4) | <input type="checkbox"/> | 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. |

Learning Agreement Statement

I agree that the aims of the above learning programme, and the implications of the course(s), including the number of weekly/guided learning hours have been discussed and accepted by me. I agree to attend college regularly and to notify the College of any absences. I agree to complete coursework, homework and examinations as required.

I agree to abide by College rules and to observe the College's code of conduct for students.

I agree to pay any registration/tuition/examination/instalment fees on time, and also for any travel, books and special equipment needed. I accept that the registration/examination/enrolment fees can only be refunded if my course is closed by the College.

I agree to notify the College immediately if I have any change in my personal circumstances which may affect the information I have provided for enrolment purposes, including entitlement to benefits or employment status, and also if my parents'/guardians' circumstances change.

I certify that the information I have given on this form is both true and correct.

Learner Signature: _____ Date: _____

Tutor Signature: _____ Tutor Name: _____ Date: _____

POSTAL ENROLMENTS ONLY—DO NOT COMPLETE THIS SECTION IF YOU ARE PAYING AT THE COLLEGE

Payment by Cheque / PO / Switch / Delta / Visa / Access Card No.

Name on Card: _____ Valid From: Expiry Date: Switch Issue No:

Cardholder's Full Name (if different from applicant): _____

Cardholder's Signature (if different from applicant): _____ Date: _____

Cardholder's Address (if different from applicant): _____



This activity has been directly or indirectly part-financed by the European Union through European Social fund-helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources.