



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

-	(Previous Student)	<input type="checkbox"/>	FF	Friend/Family	<input type="checkbox"/>	OD	Open Day/Evening	<input type="checkbox"/>
NEW	Newspaper/Magazine	<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/Banners	<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) _____							<input type="checkbox"/>

**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	
08	Temporary disability after illness or accident			<input type="checkbox"/>	09	Profound/complex disabilities		<input type="checkbox"/>	10	Aspergers syndrome	
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			
90	Multiple learning difficulties (please state) _____					<input type="checkbox"/>	97	Other _____			

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 or the European Union (EU) for the past 3 years? Please tick (✓) one Yes  No

In which country were you born? \_\_\_\_\_ What is your nationality? \_\_\_\_\_

What is your first language? \_\_\_\_\_

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

When did you arrive in the UK?

In which country/countries 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  Student Visa  Settlement  Spouse

Indefinite leave to remain  Dependant  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

Office Use Only

**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 sign the appropriate statement if applicable to you:

**Level 2 Entitlement:**

**Examples of a "Level 2" include 5 grades A-C at GCSE/O-Level, 1 A Level, 2-3 AS Levels or a GNVQ Intermediate**

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 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: \_\_\_\_\_

**Level 3 Entitlement:**

**Examples of a "Level 3" include 2 or more A Levels, 4 or more AS Levels or an NVQ Level 3**

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) - Tutor must initial each course to verify acceptance.**

Course Title	Course Code	Learner Start Date	Expected End Date	Tutor Initials	Total GLH	Actual Tuition Fee Charged	Exam Fee
<b>Totals</b>						£	£

<b>Course Fees</b>	<b>Who is paying your course fees?</b>	You <input type="checkbox"/>	Your Employer* <input type="checkbox"/>	Training Provider* <input type="checkbox"/>	School* <input type="checkbox"/>	Other* <input type="checkbox"/>
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\*Please provide a letter confirming that your fees will be met by your employer/training provider/school.

**Concessions**

Which of the below categories apply to you? You may tick (✓) more than one box. You will need to provide evidence of any benefits, which must be dated within the last 3 months, in order to qualify for fee remission on tuition fees. Those marked with a "\*" 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"/>	23	Pensions Guarantee Credit	<input type="checkbox"/>
14	Asylum Seeker in Receipt of Means Tested Benefits	<input type="checkbox"/>	15	Employment and Support Allowance	<input type="checkbox"/>	15	Jobseekers Allowance	<input type="checkbox"/>
21	Working Tax Credit (With a household income of less than £15,276)	<input type="checkbox"/>	99	Senior Citizen's Pension*	<input type="checkbox"/>	99	None*	<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**

Type of FPN Evidence: \_\_\_\_\_

Copies of supporting documents checked and attached by: Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Enrolment taken by: \_\_\_\_\_ Date: \_\_\_\_\_ Input By: \_\_\_\_\_ Date: \_\_\_\_\_

## Privacy Statement 2010/2011

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, 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> or YPLA: <http://www.ypla.gov.uk/foi.htm>

### Standard MIAP Privacy Notice

The data that you supply will be used by the LSC to issue you with a Unique Learner Number (ULN) and share information about your learning. Further details of how your data is processed and shared can be found at [www.miap.gov.uk](http://www.miap.gov.uk)

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.

- |        |                          |   |
|--------|--------------------------|---|
| 1. (3) | <input type="checkbox"/> | Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone. |
| 2. (4) | <input type="checkbox"/> | Tick this box 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 and that any administrative errors and omissions on the College's part do not constitute the basis for an adjustment to the fees for which I am liable.

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 the circumstances of my parent(s) or guardian(s) have changed.

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

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tutor Signature: \_\_\_\_\_ Tutor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are applying for a qualification course then BOTH signatures must be present before the enrolment process can be completed.**

### 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.