

2016
2017

Adult Learning & Apprenticeships

FOR OFFICE USE ONLY

Learner Name:

SC Number:

Course Title:

Level

Day or Evening:

Oct/Jan/April:

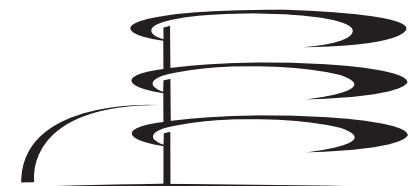
Additional Notes:

On spreadsheet

Payment to be processed

ENROLMENT FORM & LEARNER'S AGREEMENT

Payment must be submitted with this form to confirm and secure place.



Bexhill 6th Form College

Title	
Surname	
Forename(s)	
Age on 31/08/16	D.O.B DD / MM / YYYY
Gender <small>Please tick</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
N.I. number	<small>(Qualification course only)</small>
<input type="checkbox"/> 16-18 Years	<input type="checkbox"/> 19-23 Years <input type="checkbox"/> 24 Years Plus
Are you in full time education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so please state name and address of school / college:	
Apprentice <small>Please tick</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
ULN No. (If available)	

Address	
Postcode	
Time at this address	
Home telephone	
Work telephone	<small>Optional</small>
Mobile number	
Email address	
Country of residence	
Nationality	
Have you been resident in the UK or EEA for the last 3 years, up to 31st August 2016?	<input type="checkbox"/> Yes <input type="checkbox"/> No
UCI No. (If available)	

Emergency Contact	<small>Enter full name</small>
Telephone	
Mobile	
Relationship	

*All of this section must be completed

Any medical conditions which the college needs to know about to look after your welfare e.g. asthma, diabetes, nut allergy etc.

Learning Support Needs

1. I consider myself to have a learning difficulty and/or disability and/or health problems. If yes, please specify below.

2. I do not consider myself to have a learning difficulty and/or disability and/or health problems.

9. No information provided by the learner.

Please specify Disability

Visual impairment

Hearing impairment

Disability affecting mobility

Other physical disability

Other medical condition (e.g. epilepsy, asthma, diabetes)

Emotional / behavioural difficulties

Mental health difficulties

Temporary disability after illness or accident

Profound / complex disabilities

Asperger's Syndrome

Multiple disabilities

Other *please state*

No disability

Please specify Learning difficulty

01 Moderate learning difficulty

02 Severe learning difficulty

10 Dyslexia

11 Dyscalculia

19 Other specific learning difficulty

20 Autism Spectrum Disorder

90 Multiple learning difficulty

97 Speech and Language needs

Ethnic origin

31 English / Welsh / Scottish / Northern Irish / British

32 British Irish

33 Gypsy or Irish traveller

34 Any other White background

35 White and Black Caribbean

36 White and Black African

37 White and Asian

38 Any other mixed / multiple ethnic background

39 Indian

40 Pakistani

41 Bangladeshi

42 Chinese

43 Any other Asian background

44 African

45 Caribbean

46 Any other black / African / Caribbean background

47 Arab

98 Any other ethnic group

Course

Course Title	Level	Day(s) of week	Daytime or Evening	Start Date Oct/Jan/Apr

Prior Attainment (Qualification Course Only) Please check the table below starting from the top. Tick each line if the description of qualifications applies to you.

✓ NVQ Level	Academic / Vocational level equivalent (examples include.....)
<input type="checkbox"/> Entry level	Award in Entry level, Certificate at Entry level, Certificate in Adult Literacy, Numeracy, ESOL at Entry level, RQF qualifications at Entry level, English and Maths Stepping Stones qualifications at Entry Level, Functional Skills
<input type="checkbox"/> Level 1	GCSE/O level Grades (at grades D-G or fewer than 5 grades A-C), CSE below Grade 1, 1 AS level, Certificate in Adult Literacy or Numeracy, ESOL at Level 1, Key Skills at level 1, NVQ level 1, GNVQ Foundation, Diploma Level 1, Certificate Level 1, Award Level 1, Functional Skills, Introductory Diploma
<input type="checkbox"/> Full Level 2	GCSE/O Level (5 or more GCSEs grades A-C), 2 or 3 AS Levels, CSE Grade 1 (5 or more), 1 A Level, NVQ Level 2, GNVQ Intermediate, Certificate Level 2
<input type="checkbox"/> Full Level 3	A levels (2 or more advanced level passes), 4 or more AS levels, AVCE double award, GNVQ advanced, Advanced 14-19 Diploma, NVQ level 3, Access to HE, Diploma Level 3, Certificate at Level 3 30 to 36 credits
<input type="checkbox"/> Level 4	Teaching Qualifications (including PGCE, QTLS, BTEC National HNC/HND, Higher Education certificate/ diploma, Foundation Degree, LCCI advance level, NVQ level 4, Nursing (SRN), RSA advanced certificate
<input type="checkbox"/> Level 5 and above	Continuing education diploma, Full First Degree, NVQ level 5, Masters degrees or post-graduate certificates and diplomas, Doctorates or specialist awards
<input type="checkbox"/> No formal Qualifications	<input type="checkbox"/> Non- UK – level not known

How did you hear about this course? Website Prospectus Other: Please state

Employment status on first day of the course Please tick as appropriate

Employed / Self Employed: Full time Part time Total weekly hours: Not economically active

Employers Name & Address:

Unemployed: Through redundancy Reasons other than redundancy Reasons unknown / not provided

Payment to be completed by learner Please tick as appropriate: (relevant documentation must be provided on enrolment)

Tuition paid directly by employer to college Tuition paid by learner to be reimbursed by employer

Tuition paid by learner or other source (not employer) Advanced Learner Loan 19+ On JSA On ESA (WRAG)

Other state benefit *please state* Reduced fee paid / No tuition fee paid. Reason:

Please note if you wish to pay by credit or debit card please contact our cashiers office on 01424 214545 then choose option 4

TO BE COMPLETED BY APPRENTICES ONLY: Workplace Details

Manager name	Start date
Manager email	How many hours?
Workplace address	
Workplace telephone	NI Number
Previously: <input type="checkbox"/> Self Employed <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Unemployed <input type="checkbox"/> Full time Education	

TO BE COMPLETED BY COURSE TUTOR (FOR APPRENTICES ONLY)

<input type="checkbox"/> Course has been discussed with learner	<input type="checkbox"/> Course is considered suitable for the learner's needs
Specific advice given (if any)	
Course Tutor:	Date:

This section applies to all learners:**DATA PROTECTION: Consent to process learner data**

Bexhill College collects information about all our staff and students for various administrative, academic, and health and safety reasons. **The Data Protection Act 1998** requires the College to gain your consent before we can do this. As a College we cannot operate effectively without processing information about you. If you do not give such consent, the College will be unable to offer you a place and may withdraw any offer already made.

Privacy Statement: How We Use Your Personal Information

The personal information you provide is passed to the Skills Funding Agency (SFA) and, when needed, The Education Funding Agency (EFA) to meet legal requirements, and for the Agency's Learning Records Service (LRS) to create a unique learner number (ULN).

The information you provide may be shared with other partner organisations for purposes relating to education or training.

Consent to process

By signing below I confirm that I agree to the College holding and processing personal and sensitive data contained in this form, or other data, which the College may obtain from me or other people, whilst I am a learner. I agree to the processing of such data for any purpose connected with my studies or my health and safety whilst on the premises or for any other legitimate reason. I agree to inform the College of any changes required to my data. I will comply with college regulations and pay tuition, registration/exam, college deposit and assessment fees (if appropriate).

Learner's signature:**Date:****For office use only****Instalment Plan**
(Qualification course only)

		Date	Amount Paid	Receipt No
Tuition Fee:	College Deposit:			
Exam / Board Registration:	Assessment Fee:			
Reduction:	Total Due:			
Entered on system	Signed:	Date:		
Registered with Exams	Signed:	Date:		
Apprentices ILP filled in	Signed:	Date:		
WITHDRAWAL Give Reason:	Signed:	Date:		