

ENROLMENT FORM & LEARNER'S AGREEMENT

ADULT LEARNING

FOR OFFICE USE ONLY

Learner Name: _____

SC Number: _____

Course Title: _____

Level _____

Day or Evening: _____

Oct/Jan/April: _____

Additional Notes: _____

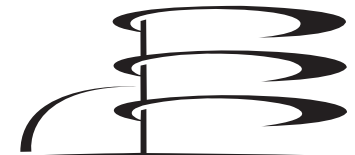
On spreadsheet

Payment to be processed

Adult Learning & Apprenticeships

2017 • 2018

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



Bexhill 6th Form College

Title	
Surname	
Forename(s)	
Age on 31/08/17	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 2017?	<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

Moderate learning difficulty

Severe learning difficulty

Dyslexia

Dyscalculia

Other specific learning difficulty

Autism Spectrum Disorder

Multiple learning difficulty

Speech and Language needs

Ethnic origin

31 English / Welsh / Scottish / Northern Irish / British

32 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

How did you hear about this course?

Website

Prospectus

Other: Please state

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 Education Skills Funding Agency (ESFA) to meet legal requirements, and 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:

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

Once you commence on a course you are liable for the full fees

TO BE COMPLETED BY APPRENTICES ONLY: Workplace Details

Manager name		Start date
Manager email		How many hours?
Workplace address		
Workplace telephone	NI Number	

Previously: Self Employed Part time Full time Unemployed Full time Education

TO BE COMPLETED BY COURSE TUTOR (FOR APPRENTICES ONLY)

Course has been discussed with learner Course is considered suitable for the learner's needs

Specific advice given (if any)

Course Tutor: _____ Date: _____

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
<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, NVQ level 1
<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
<input type="checkbox"/> Full Level 3	A levels (2 or more advanced level passes), 4 or more AS levels, NVQ level 3, Access to HE, Diploma Level 3
<input type="checkbox"/> Level 4	Teaching Qualifications (including HNC/HND, Higher Education certificate/ diploma, Foundation Degree, NVQ level 4, Nursing (SRN)
<input type="checkbox"/> Level 5 and above	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

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

FOR OFFICE USE ONLY	Tuition Fee:	College Deposit:	Instalment Plan		
	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:		