



# Adult Application/Enrolment Form 17/18

## 1. Personal Details (Please complete in BLOCK CAPITALS and answer ALL questions)

Title (Mr/Mrs/Ms/Miss/Mx): First Name (in full): Surname:

Date of Birth: Gender:

Home Address:

Post Code: Email Address:

Telephone Number (Home): Telephone Number (Mobile):

Emergency Contact (Name): Emergency Contact (Tel No.):

NAME:

INITIAL:

Person/EBS Code:

## 2. Course Information (Please give details of all courses you wish to apply for)

| Course Code | Course Title | Start Date | Time | No of Weeks | Cost | Receipt No | Qual Hours |
|-------------|--------------|------------|------|-------------|------|------------|------------|
|             |              |            |      |             |      |            |            |
|             |              |            |      |             |      |            |            |
|             |              |            |      |             |      |            |            |
|             |              |            |      |             |      |            |            |
|             |              |            |      |             |      |            |            |
|             |              |            |      |             |      |            |            |

## 3. Disability, Learning Difference and Additional Support

The College is committed to ensuring that reasonable provision is made for students with disability, health or medical conditions and to provide whatever support we can for your additional needs. The information you give us will not stop you coming to The College but will help us to make sure that you have the correct support when you are on your course.

Do you have any kind of disability and/or Learning Difference, which could affect your studies?  
e.g. Hearing or visual impairment, Dyslexia, Autism Spectrum Disorder, mental health, medical or health problems? YES  NO

If Yes, please specify

## 4. DECLARATION (to be signed by the learner)

I declare that the information provided is correct and that should any information change it is my responsibility to inform the College Office. I further understand that should I be unable to attend for the first week at the beginning of the course, I must contact the College. I agree to comply with the College regulations and tuition fees policy as published on the college website. I understand I can seek further guidance at any time.

Please declare whether you have any relevant convictions or current proceedings against you or you are on any offenders register Yes  No

\* If you answer yes we will contact you and ask for more details.

### I give permission for the Funding Agencies or its partners to contact me:

- a) For research and surveys YES  NO
- b) About courses and relevant learner opportunities YES  NO

Do not contact by:

Post

Telephone

Email

### I confirm that I have read and understand the terms and conditions of enrolment to the college.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Name (Print) \_\_\_\_\_

### Privacy Notice - How We Use Your Personal Information

The personal information you provide is passed to the Skills Funding Agency, and the Department for Business, Innovation and Skills. Where necessary it is also shared with the Department for Education, including the Education Funding Agency.

The information is used for the exercise of functions of these government departments and to meet statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009, and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research.

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training or education.

You may be contacted by the English European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme.

**Only to be completed if you have applied for an Adult Skills Course (not leisure)**

**5. Nationality & Residency**

|   |                              |   |  |  |  |  |  |  |  |  |  |
|---|------------------------------|---|--|--|--|--|--|--|--|--|--|
| What is your current legal Nationality? | Normal Country of Residence: | National Insurance No: (if you are over 19 you must provide this) |  |  |  |  |  |  |  |  |  |
|---|------------------------------|---|--|--|--|--|--|--|--|--|--|

Have you been resident (settled) in the UK or an EU country for at least 3 years immediately prior to the start of your proposed course? Yes  No

|                  |                       |
|------------------|-----------------------|
| Type of ID seen? | Date of Birth checked |
|                  | Name checked          |

**6. Ethnic Origin (Please indicate which best describes your ethnicity)**

| White  | Mixed / Multiple Ethnic Group   | Asian / Asian British                               | Black/African/Caribbean/Black British   |
|--|---|---|---|
| <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> White and Black Caribbean                    | <input type="checkbox"/> Indian                     | <input type="checkbox"/> African  |
| <input type="checkbox"/> Irish   | <input type="checkbox"/> White and Black African                      | <input type="checkbox"/> Pakistani                  | <input type="checkbox"/> Caribbean  |
| <input type="checkbox"/> Gypsy or Irish Traveller                              | <input type="checkbox"/> White and Asian                              | <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Any Other Black/African/Caribbean Background         |
| <input type="checkbox"/> Any Other White Background                            | <input type="checkbox"/> Any Other Mixed / Multiple Ethnic Background | <input type="checkbox"/> Chinese                    | <b>Other Ethnic Group</b>   |
|  |   | <input type="checkbox"/> Any Other Asian Background | <input type="checkbox"/> Arab <input type="checkbox"/> Any Other Ethnic Group |

**7. Qualifications & Examinations (Please indicate which best describes your current qualifications level)**

|   |  |
|---|--|
| <input type="checkbox"/> Level 0 (No formal qualifications)                         | <input type="checkbox"/> Level 4 (Certificate of Higher Education)     |
| <input type="checkbox"/> Level 1 (GCSEs grade D or below)                           | <input type="checkbox"/> Level 5 (Foundation Degrees)                  |
| <input type="checkbox"/> Level 2 (5 GCSEs at grade C or above or up to 3 AS Levels) | <input type="checkbox"/> Level 6 (First Degree)                        |
| <input type="checkbox"/> Level 3 (2 or more A Levels or equivalent)                 | <input type="checkbox"/> Level 7+ (Masters, Post-graduate, Doctorates) |

*(Please note that evidence of qualifications will be required such as certificates or examination result slips)*

**8. Employment/Household Information**

Are you currently employed?

|  |   |
|--|---|
| <p><b>YES/Self Employed</b></p> <p>How many hours per week? <input type="checkbox"/> less than 16 hrs per week <input type="checkbox"/> between 16 – 19 hrs per week <input type="checkbox"/> more than 20 hrs per week</p> <p>How long have you been in your current employment? <input type="checkbox"/> Up to 3 months <input type="checkbox"/> Between 4 – 6 months <input type="checkbox"/> Between 7 – 12 months <input type="checkbox"/> More than 1 year</p> | <p><b>NO</b></p> <p>Are you actively seeking employment? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>How long have you been unemployed? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> Between 6 – 11 months <input type="checkbox"/> Between 12 – 23 months <input type="checkbox"/> Between 24 – 35 months <input type="checkbox"/> More than 3 years</p> |
|--|---|

|   |  |   |
|---|--|---|
| Are you in receipt of a state benefit? YES <input type="checkbox"/> NO <input type="checkbox"/> | JSA (inc NI credits only) <input type="checkbox"/> | Other Benefit <input type="checkbox"/>    |
|   | ESA (WRAG) <input type="checkbox"/>                | Universal Credit <input type="checkbox"/> |

Please tick which of the following statements apply (one or more may apply):

Every member of the household in which I live (including myself) is currently unemployed, and

There are one or more dependent children (aged 0-17 or 18-24 years if full time student or inactive) in the household  (1)

There are no dependent children in the household  (2)

The household that I live in includes only one adult (aged 18 or over)

There are one or more dependent children (aged 0-17 or 18-24 years if full time student or inactive) in the household  (3)

None of these statements apply  (99) OR I confirm that I wish to withhold this information  (98)

**OFFICE USE ONLY: CHECK LIST**

Processed By:  Date:  ID  Entitlement  Eligibility

ULN

Notes: