



Adult & Leisure Application/Enrolment

Person/EBS Code:

NAME:

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

Title:		First Name:		Family Name:	
Middle Names:		Age on 31st August 2020:		Legal Sex:	
Home Address:		Date of Birth:			
		Post Code:			
Email Address:					
Telephone Number (Mobile):			Telephone Number (Home):		
Emergency Contact (Name):			Emergency Contact (Tel No.):		
<p>Please declare whether you have any relevant convictions or current proceedings against you or you are on any offenders register Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center; font-size: small;">* If you answer yes we will contact you and ask for more details</p>					

2. 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.

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 Do you have a current EHCP plan? YES

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

Course Code	Course Title	Start Date	End Date	Cost	Qual Aim	Qual Hours

4. Student Signature and Declaration

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.

You can agree to be contacted by other third parties by ticking any of the following boxes:

<p>a) For research and surveys <input type="checkbox"/></p> <p>b) About courses and relevant learner opportunities <input type="checkbox"/></p>	<p>Only contact by:</p> <p>Email <input type="checkbox"/></p> <p>Post <input type="checkbox"/></p> <p>Telephone <input type="checkbox"/></p>
---	---

This privacy notice is issued by the Education and Skills Funding Agency (ESFA) on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its 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). Your information will be securely destroyed after it is no longer required for these purposes

Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation.

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: <https://www.gov.uk/government/publications/esfa-privacy-notice> & <http://www.brock.ac.uk/privacy-notice>

IMPORTANT Payment and all information required must be provided in order to fully enrol.

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

Student Signature: <input type="text"/>	Date: <input type="text"/>
Staff signature: <input type="text"/>	Name (Print) <input type="text"/>

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

5. Nationality & Residency

What is your Nationality? _____ Normal Country of Residence: _____ National Insurance No: _____

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

If not, where have you lived? _____

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	Other Ethnic Group
		<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>YES/Self Employed</p> <p>How many hours per week? <input type="checkbox"/> less than 10 hrs per week (5) <input type="checkbox"/> 11 – 20 hrs per week (6) <input type="checkbox"/> 21 - 30 hrs per week (7) <input type="checkbox"/> More than 31 hrs per week (8)</p> <p>How long have you been in your current employment? <input type="checkbox"/> Up to 3 months (1) <input type="checkbox"/> 4 – 6 months (2) <input type="checkbox"/> 7 – 12 months (3) <input type="checkbox"/> More than 1 year (4)</p>	<p>NO</p> <p>Are you actively seeking employment? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>How long have you been unemployed?</p> <p><input type="checkbox"/> Less than 6 months (1) <input type="checkbox"/> 6 – 11 months (2) <input type="checkbox"/> 12 – 23 months (3) <input type="checkbox"/> Between 24 – 35 months (4) <input type="checkbox"/> More than 3 years (5)</p>
--	--

Are you in receipt of a state benefit? YES NO

JSA (inc NI credits only) ESA (WRAG) Other Benefit Universal Credit

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

Everyone in the household where I lived are unemployed with 1 or more dependent children (aged 0-17 or 18-24 if in education) in the house (1)

Everyone in the household where I lived are unemployed with no dependent children in the house (2)

I live in a single parent household where there are 1 or more dependent children (aged 0-17 or 18-24 if in education) in the house (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 _____

Notes: