

ENROLMENT FORM 2015-16

COMMUNITY LEARNING

SIR ROBERT PATTINSON ACADEMY
Moor Lane, North Hykeham
LINCOLN LN6 9AF Tel 01522 681861



Office use only	
Aqua code	
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The information provided in this form will be used by this Centre and Lincolnshire County Council (LCC) to process your enrolment, arrange funding for your course through the Skills Funding Agency and to deliver the course. In addition, the information will be used by LCC to monitor service and contract delivery. LCC may share information you have provided with learning providers to ensure that the data is accurate and up to date. You can find out more about how we use your personal data in the Learner Handbook.

Please complete all sections below clearly in black ink. Failure to complete the form correctly may delay your enrolment. If you require this form in a larger print size please call this Centre.

YOUR CHOSEN COURSE (Cheques to be made payable to Sir Robert Pattinson Academy)

Course Code	Course Title	Start Date	Time	Fee Paid

1. PERSONAL DETAILS

Title (Mr, Mrs, Miss, Ms, Other)		Work Tel.
Surname		Home Tel.
Forename		Mobile Tel.
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email
Date of Birth	Age	Have you lived in the EU/UK for the last 3 years Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		National Insurance Number
Postcode		

LCC, the Chief Executive of the Skills Funding Agency and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality, plan future provision and to inform you about courses, or learning opportunities relevant to you.

- Tick this box if you do not wish to be contacted in respect of surveys and research.
- Tick this box if you do not wish to be contacted about courses or learning opportunities.
- Tick this box if you consent to us taking and using your photograph for publicity purposes.
- Tick this box if you consent to us using your learner story for publicity purposes.

If you indicated above that you are happy to be contacted, please tell us how you would like to be contacted by ticking the relevant boxes below:

- Post - Telephone - Email

2. YOUR ETHNICITY, NATIONALITY AND FIRST LANGUAGE

By completing sections 2 and 3 you are helping us to monitor our compliance with equality legislation and to ensure that your specific needs are supported when delivering this service to you.

Nationality	First Language			
White	<input type="checkbox"/> 31 English/Welsh/Scottish/ Northern Irish/British	<input type="checkbox"/> 32 Irish	<input type="checkbox"/> 33 Gypsy or Irish Traveller	<input type="checkbox"/> 34 Any other White background
Mixed/Multiple Ethnic Group	<input type="checkbox"/> 35 White and Black Caribbean	<input type="checkbox"/> 36 White and Black African	<input type="checkbox"/> 37 White and Asian	<input type="checkbox"/> 38 Any other Mixed / Multiple ethnic background
Asian/Asian British	<input type="checkbox"/> 39 Indian	<input type="checkbox"/> 40 Pakistani	<input type="checkbox"/> 41 Bangladeshi	<input type="checkbox"/> 42 Chinese <input type="checkbox"/> 43 Any other Asian background
Black/African/Caribbean/ Black British	<input type="checkbox"/> 44 African	<input type="checkbox"/> 45 Caribbean	<input type="checkbox"/> 46 Any other Black/ African/Caribbean background	
Other ethnic group	<input type="checkbox"/> 47 Arab	<input type="checkbox"/> 98 Any other ethnic group	<input type="checkbox"/> 99 Not know/Not provided	

3. EQUALITY AND DIVERSITY

Do you have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please tick which applies to you:
<input type="checkbox"/> 04 Visual Impairment	<input type="checkbox"/> 07 Profound/complex difficulty
<input type="checkbox"/> 05 Hearing impairment	<input type="checkbox"/> 08 Social/Emotional difficulties
<input type="checkbox"/> 06 Disability affecting mobility	<input type="checkbox"/> 09 Mental health difficulty
<input type="checkbox"/> 15 Asperger's syndrome	<input type="checkbox"/> 16 Temporary disability after illness/accident
<input type="checkbox"/> 95 Other medical condition	<input type="checkbox"/> 97 Other
<input type="checkbox"/> 93 Other physical disability	<input type="checkbox"/> 98 Prefer not to say
Do you have a learning difficulty?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please tick which applies to you:
<input type="checkbox"/> 10 Moderate learning difficulty	<input type="checkbox"/> 12 Dyslexia
<input type="checkbox"/> 11 Severe learning difficulty	<input type="checkbox"/> 13 Dyscalculia
<input type="checkbox"/> 14 Autism spectrum disorder	<input type="checkbox"/> 94 Other specific learning difficulty
<input type="checkbox"/> 90 Multiple disabilities	<input type="checkbox"/> 96 Other
	<input type="checkbox"/> 98 Prefer not to say

Would you like someone to contact you to discuss how we may be able to assist you while you are at the Centre? Yes No

PLEASE TURN OVER

4. LEARNER SUPPORT (Applies to LCC 'N' courses only)

Do you require any additional support from the Learner Support Fund, or Literacy and/or Numeracy support, to participate in your course? Yes No
 Do you require any financial support for transport or childcare from the Learner Support Fund, to participate in your course? Yes No

Please tick the level of your previous highest qualification

<input type="checkbox"/> No formal qualifications	<input type="checkbox"/> Level 2 (eg 5 or more GCSEs at grades A to C, 1 A Level, 2/3 AS Levels)	<input type="checkbox"/> Level 5 (eg Masters Degree or Post Graduate Certificate, NVQ Level 5)
<input type="checkbox"/> Entry Level (eg Word Power/Number Power, Certificate in Adult Literacy/Numeracy)	<input type="checkbox"/> Level 3 (eg 2 or more A Levels, 4 or more AS Levels)	<input type="checkbox"/> Other qualification , level not known
<input type="checkbox"/> Level 1 (eg fewer than 5 GCSEs at grades A to C, BTEC First Certificate)	<input type="checkbox"/> Level 4 (eg Degree, HND, HNC or equivalent, PGCE)	

Do you have a GCSE grade A*-C in: English Yes No Maths Yes No

6. Please tick ALL the statements which describe you

Single Parent Seeking political asylum Home Maker Carer (full or part time)

7. CURRENT EMPLOYMENT STATUS (please select your current employment status)

<input type="checkbox"/> Employed for less than 16 hrs a week	<input type="checkbox"/> Employed for 4-6 months	<input type="checkbox"/> In full time education or training prior to enrolment
<input type="checkbox"/> Employed for 16-19 hrs a week	<input type="checkbox"/> Employed for 7-12 months	<input type="checkbox"/> Self Employed
<input type="checkbox"/> Employed for 20 hrs or more a week	<input type="checkbox"/> Employed for more than 12 months	<input type="checkbox"/> Unemployed and not looking for work
<input type="checkbox"/> Employed for up to 3 months		<input type="checkbox"/> Unemployed and looking for work

If you are unemployed, please state how long you have been unemployed for:

Less than 6 months 6-11 months 12-23 months 24-35 months 36 months or more

8. PREVIOUS COURSES

Have you taken an Adult Learning course in the last 3 years? Yes No
 Was it at Sir Robert Pattinson Academy? Yes No

9. HOW DID YOU FIND OUT ABOUT OUR COURSES (please tick one box only)

<input type="checkbox"/> Job Centre/Employment Office	<input type="checkbox"/> Stride Out Brochure	<input type="checkbox"/> On-Line	<input type="checkbox"/> Library
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster	<input type="checkbox"/> Friend/family	<input type="checkbox"/> www.2aspire.org.uk
<input type="checkbox"/> Customer Service Centre	<input type="checkbox"/> Returning Learner	<input type="checkbox"/> School	<input type="checkbox"/> Twitter/Facebook
<input type="checkbox"/> Lincolnshire Show	<input type="checkbox"/> Other please specify		

10. EMPLOYER'S DETAILS

Is your employer paying your fees? Yes No

If your employer is paying for your course and wishes to be invoiced, please complete the following details:

Organisation Name	Employer contact name
Address	Postcode


11. APPLICATION FOR REDUCED FEE

The Skills Funding Agency subsidises the cost of all courses (except RP run courses) and any tuition fee paid represents a portion of the cost. You may be eligible for a Concession if any of the following apply: **You must enclose your evidence of entitlement with this form before a place can be confirmed.**

LA COURSES (Course Suffix N)

<p>Concession 1</p> <input type="checkbox"/> 65 years or over on 31/08/15 (If you turn 65 after this date you will not eligible for a concession until September 2016.	<p>Concession 2</p> <input type="checkbox"/> Employment and Support Allowance (Work Related Activity Group only) <input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> In receipt of Universal Credit <input type="checkbox"/> Unemployed and in receipt of state benefit and wish to enter employment (please specify benefit): <input type="checkbox"/> Offender serving time in the community <input type="checkbox"/> Asylum seeker in receipt of income based benefit
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Privacy Notice - How we use your Personal Information

 The personal information you provide is passed to the Chief Executive of Skills Funding ("the Skills Funding Agency") and the Department for Business, Innovation and Skills (BIS). 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. Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: <https://www.gov.uk/government/publications/sfa-privacy-notice>
Data Protection
 Lincolnshire County Council is registered with the Information Commissioner under the Data Protection Act 1998 and all data collected will be processed in accordance with the Act.

12. LEARNER DECLARATION AND ELIGIBILITY

- I declare that the information on this form is correct and that I am 19 years or over on or before 31.8.15.
- I am aware of and understand the Community Learning Centre policies on fees, concessions, refunds and attendance and am required to provide documentary evidence in support of any fee reduction.
- I undertake to inform the Community Learning Centre should my financial circumstances change which will affect my eligibility for a fee concession.
- I agree to comply with the Centre's health and safety requirements and that the Centre reserves the right to deny access if I fail to comply.
- I understand and accept that Community Learning may have to change, close or combine courses if a course is not viable.
- I understand that I am responsible for payment of my tuition fees and any examination / assessment fees.

LEARNER SIGNATURE **DATE**