

ENROLMENT FORM 2019/20

1. COURSE DETAILS

Course No	Course Title	Venue	Date

2. PERSONAL DETAILS

Surname	Forename(s)	Mr/Mrs/Miss/Ms	Date of Birth			Gender	
			DD	MM	YY	M	F

Address

_____ **Postcode** _____

Tel _____

Mobile _____

Email _____

Please email me about further courses ☐ (Tick here)

National Insurance No.

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How would you describe your ethnic origin? (tick one box)

White

☐ English/Welsh/Scottish/Northern Irish/British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Other white background

Black/African/Caribbean/Black British

☐ African

☐ Caribbean

☐ Any other Black/African/Caribbean background

Mixed/Multiple ethnic group

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Other mixed/multiple ethnic background

Asian/Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background

Other ethnic group

☐ Arab

☐ Any other ethnic group

3. RESIDENTIAL STATUS

Have you lived in the UK or EU for the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No please tick any of the following categories which apply to you – you may need to provide evidence.
<input type="checkbox"/> Indefinite leave to remain <input type="checkbox"/> Spouse/civil partner of person with settled status <input type="checkbox"/> Refugee <input type="checkbox"/> Asylum seeker Other _____	

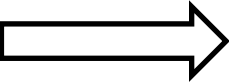
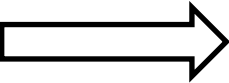
4. ADDITIONAL INFORMATION

<input type="checkbox"/> Moderate learning difficulty	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Mental health difficulty
<input type="checkbox"/> Severe learning difficulty	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Social and emotional difficulties
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Disability affecting mobility	<input type="checkbox"/> Profound complex disabilities
<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Other physical disability	<input type="checkbox"/> Asperger's syndrome
<input type="checkbox"/> Other specific learning difficulty (e.g. Dyspraxia)	<input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes)	<input type="checkbox"/> Autism spectrum disorder
<input type="checkbox"/> Other learning difficulty – please specify	<input type="checkbox"/> Other disability – please specify	<input type="checkbox"/> Temporary disability after illness
		<input type="checkbox"/> Speech, language and communication

5. QUALIFICATIONS (tick one box and write your highest qualification)

<input type="checkbox"/> No qualifications	<input type="checkbox"/> Level 4 e.g. HNC, Cert HE, QCF level 4
<input type="checkbox"/> Entry level	<input type="checkbox"/> Level 5 e.g. Foundation Degree, HND, QCF level 5
<input type="checkbox"/> Other qualifications below level 1	<input type="checkbox"/> Level 6 e.g. Bachelor's Degree
<input type="checkbox"/> Level 1 e.g. GCSEs/O levels (grades D–G, or less than 5 grades A–C)	<input type="checkbox"/> Level 7 or above e.g. Master's Degree, Doctorate
<input type="checkbox"/> Full level 2 e.g. 5 or more GCSEs (grades A–C), NVQ level 2	My highest qualification is:
<input type="checkbox"/> Full level 3 e.g. 2 A levels, 4 AS levels, NVQ L3, Diploma L3	_____

6. EMPLOYMENT STATUS

<input type="checkbox"/> Employed/Self-employed up to 10 hours per week <input type="checkbox"/> Employed/Self-employed 11–20 hours per week <input type="checkbox"/> Employed/Self-employed 21–30 hours per week <input type="checkbox"/> Employed/Self-employed for 31+ hours per week		Length of employment <input type="checkbox"/> Up to 3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> 7–12 months <input type="checkbox"/> More than 12 months
<input type="checkbox"/> Not in paid employment and looking for work <input type="checkbox"/> Not in paid employment and NOT looking for work		Length of unemployment <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6–11 months <input type="checkbox"/> 12–23 months <input type="checkbox"/> 24–35 months <input type="checkbox"/> 36 months or more

7. BENEFITS

Are you in receipt of any of the following benefits: (please tick)

<input type="checkbox"/> Job Seekers Allowance (JSA)	<input type="checkbox"/> ESA (Work related activity-WRAG)	<input type="checkbox"/> Universal Credit	<input type="checkbox"/> Other state benefit
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8. HOUSEHOLD SITUATION

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

<input type="checkbox"/> No household member is in employment and the household includes one or more dependent children
<input type="checkbox"/> No household member is in employment and the household does not include any dependent children
<input type="checkbox"/> I live in a single adult household with dependent children
<input type="checkbox"/> None of the above statements apply
<input type="checkbox"/> I do not wish to share this information

9. HOW DID YOU HEAR ABOUT OUR COURSES?

<input type="checkbox"/> Friend/family/work colleague	<input type="checkbox"/> Brochure/flyer through door	<input type="checkbox"/> Website	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Social media e.g. Facebook, Twitter	<input type="checkbox"/> Learning centre	<input type="checkbox"/> Library	<input type="checkbox"/> Internet search
<input type="checkbox"/> School	<input type="checkbox"/> Job Centre	<input type="checkbox"/> Other – Please specify	

10. PRIVACY NOTICE – HOW WE USE YOUR PERSONAL INFORMATION

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.

Blackburn with Darwen Borough Council collects data as part of their contract with the ESFA. Your information may be used for education, training, employment and well-being related purposes, including for research. 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.

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.

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

<input type="checkbox"/> About courses or learning opportunities.	<input type="checkbox"/> For surveys and research.	<input type="checkbox"/> By post.	<input type="checkbox"/> By phone.	<input type="checkbox"/> By e-mail.
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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> & <https://www.blackburn.gov.uk/data-and-information/privacy-policy> Please click 'Related: Privacy notices' for the Adults and Prevention specific notice regarding Adult Learning.

11. DECLARATION (please sign below)

A 10 digit Unique Learner Number is issued to all people taking part in learning to allow the Education & Skills Funding Agency to record learners' achievements. We will need to obtain a ULN on your behalf. To do this you need to confirm your identity by showing one of the documents. The Enrolling Officer must check documentation and tick ONE of the boxes in the list below:

1. Passport	2. Driving Licence	3. National Insurance Card
4. Bank Credit/Debit Card	5. ID card or other form of national ID	6. ISD/BRP/ARC (see page 1)

The learner named in section 1 of this form must sign and date in the space below:

I confirm that I am aware of the funding policy for Education & Skills Funding Agency courses and that the details I have given to prove my eligibility for funding are correct. I have also read and understood the Council 'Learning Agreement'.

Signature: _____ **Date:** _____

Tutor/enrolling officer – please check the learner has completed all the sections of this enrolment form.

Check the learner has provided valid supporting evidence of eligibility, sign and date below:

Signature: _____ **Date:** _____