



REDCAR &
CLEVELAND
COLLEGE

RAISING ASPIRATIONS
EXCEEDING EXPECTATIONS

Learner
Reference
No.

Enrolment Form

2011-2012

Title	Mr/Mrs/Ms/Miss	Surname	<input type="text"/>	Forenames	<input type="text"/>
Preferred name <input type="text"/>					
Date of Birth	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	National Insurance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	ULN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Below to be completed by College staff, students please go to next page.

Identification evidence			
Passport	<input type="checkbox"/>	Examinations certificates	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>	Bank card/debit card	<input type="checkbox"/>
ID card/other national ID	<input type="checkbox"/>	Not Supplied	<input type="checkbox"/>
National Insurance card	<input type="checkbox"/>	Other (please give description of evidence)	
Benefits documentation	<input type="checkbox"/>		

Internal qualification
Title
Code Year
AFFIX LABEL

Internal qualification
Title
Code Year
AFFIX LABEL

Variation from standard label
Start date Planned end date
GLH Funding stream
Planned QCF Credits

Variation from standard label
Start date Planned end date
GLH Funding stream
Planned QCF Credits

Fees (CIS to complete)
Tuition £ Exam £ Registration £ Other Fee £
Total Due £ Amount Paid £ cash \ cheque \ credit card \ debit card
Paid in full <input type="checkbox"/> Instalments <input type="checkbox"/> Employer invoice <input type="checkbox"/> Invoice number
Fees waived <input type="checkbox"/> Applied for LSF <input type="checkbox"/> Finance staff
Learner Type 16-18LR <input type="checkbox"/> 19+LR <input type="checkbox"/> L2E <input type="checkbox"/> L3E <input type="checkbox"/> FLE <input type="checkbox"/> App <input type="checkbox"/> HE <input type="checkbox"/> FC <input type="checkbox"/> 14-16 <input type="checkbox"/> WR <input type="checkbox"/>
Staff initials Date

For CIS Use Only:	Checked By Name <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personal Details

Home Address

House No Post code

Term time address if different

House No Post code

Your telephone contact details

Home

Work

Mobile

Email

Vehicle registration number/bicycle frame number

In case of emergency please provide the details of a close family member. If you are under 19 this must be your mother or father, or legal guardian or carer.

Name

Relationship to you

Address

Their telephone contact details

Home

Work

Mobile

Email

When were you last in secondary education?

Which school, college or organisation?

In the last 5 years have you been excluded from school or college for 1 month or longer?

Yes No

Residency

What is your nationality?

Have you lived in the UK/EU for the last 3 years? Yes No

If no, are you married to a UK resident and have you been a permanent resident in the UK for the past year?

Yes No

How many years have you lived at your current address? Years Months

Support Needs

We would like to give you the support you need to attend our classes. Please tick any of the boxes below if you require help for:

- Visual impairment
- Hearing impairment
- Disability affecting mobility
- Other physical disability
- Other medical condition
- Emotional/behavioural difficulties
- Mental ill health
- Temporary disability after illness
- Complex disabilities
- Asperger's Syndrome
- Multiple disabilities
- Other disability

- Moderate learning difficulties
- Severe learning difficulty
- Dyslexia
- Dyscalculia
- Other specific learning difficulty
- Autism spectrum disorder
- Multiple learning difficulties
- Other learning difficulties

Do you wish to discuss your needs with a member of the learning support team?

Yes No

The College is unable to provide personal care needs. For any other need, please give a brief indication of the support needed

Or I don't consider myself to have a learning need or disability

Ethnicity To which ethnic group do you belong?

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic background
- Any other Black/African/Caribbean background

- Pakistani
- Bangladeshi
- Indian
- Chinese
- Any other Asian background
- African
- Caribbean
- Arab
- Any other ethnic group
- Prefer not to say

Qualifications Please state your highest qualifications

Qualification Type e.g. GCSE	Subject	Grade	Awarding Body	Year awarded

Employment

- Please indicate your employment status
- Employed Full time Part time
- In full time education (FE or HE)
- Self employed
- Unemployed
- Other (e.g. retired)

- If you are unemployed please state how long you have been unemployed:
- Less than 6 months
 - 6-11 months
 - 12-23 months
 - 24-35 months
 - Over 36 months

If you are unemployed what is the reason?
 Redundancy Other

If you are employed or self employed is your employer paying your course fees? Yes No

*If your employer is paying your fees please provide a letter from your employer confirming their responsibility for your course fees. **If you do not provide a letter you will become liable for the outstanding balance of the course fees.***

Is your employer giving you time off work to attend college? Yes No

Please give the contact details of your employer.

Company name

Address

Post Code Telephone Number

Contact name at the company

Work related benefits

Are you receiving either of the following work related benefits?

- Job Seekers Allowance Yes No
- Employment Support Allowance Yes No

Office use only

Evidence checked and copied by

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding (“the Agency”) and, when needed, the Young People’s Learning Agency for England (“the YPLA”) to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency’s Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations, are available at:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>, <http://www.ypla.gov.uk/privacy.htm> and <http://www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

Tick any of the following boxes if you do not wish to be contacted:

About courses or learning opportunities	By post <input type="checkbox"/>	By phone <input type="checkbox"/>	By email <input type="checkbox"/>
For surveys and research	By post <input type="checkbox"/>	By phone <input type="checkbox"/>	By email <input type="checkbox"/>

Your photograph and personal details will be used by the College for College identity cards and for the purpose of security of yourself, the College, its staff and other third parties and to assist in identification. The College may also use your image for marketing and advertising. The College reserves the right to contact your parent/guardian (if you are under 19 at the start of your learning programme), or your employer (if the employer is sponsoring you) about your progress.

The College welcomes the Disability Discrimination Act and will make reasonable adjustments to avoid disadvantage to any disabled persons.

Criminal Convictions

Do you have a criminal conviction? Yes No

Are you currently involved in any police investigation or awaiting the outcome of any criminal proceedings? Yes No

This part of the form must be completed. If you do not tick either the ‘Yes’ or ‘No’ box, we will contact you to get this information and this will delay your enrolment. You must tick ‘Yes’ if you have a conviction unless it is a motoring offence that you received a fine or three penalty points for.

Please be aware that for certain courses, particularly in teaching, health, and social care you must tell us about **ANY** criminal conviction(s), including spent sentences and cautions. If you are serving a prison sentence you must tick the ‘Yes’ box. If you are convicted of a criminal offence, after you have enrolled, you **MUST** let us know immediately. If you are not sure whether to tell us about a previous conviction you should get more advice from your Citizens’ Advice Bureau or speak to our Student Services.

Student Declaration

I confirm that the information I have provided on this form is correct and that Redcar & Cleveland College can store, process and distribute personal data as outlined above. Whilst I am a learner I agree to fulfil my obligations under this learning agreement and to comply with College rules. The College reserves the right not to confirm enrolment. I have received initial guidance and counselling in relation to my learning programme and have been provided with help and support in completing this form. It is my personal responsibility to inform the College of any change of circumstances that will affect my eligibility or status as a learner. I understand that if I have provided false information the College may take action against me to reclaim the tuition fees and any support costs. By providing your data you are consenting to the College contacting you.

Student Signature Date

I am confident the student meets the entry criteria for the programme of study/Apprenticeship.

Tutor Signature Date