

ENROLMENT FORM 2009/2010

Please complete **ALL** sections below clearly in black ink.
Failure to fully complete this form and enclose concession evidence will delay your enrolment.

Lincolnshire
COUNTY COUNCIL

Funded by:

>lsc
Leading learning and skills

Grow
Personal Development
& Lifelong Learning

Course Code	Course Title	Day	Time	Venue	Fee (£)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Your Details:

Mr Mrs Miss Ms Other
Male Female

First Name
Surname

Home Address

Telephone Day
Evening
Mobile
E-Mail

Postcode
Unique Learner No

Date of Birth

2. Your Ethnicity:

Asian or Asian British

- 11** Bangladeshi
 12 Indian
 13 Pakistani
 41 Any other Asian background

Mixed

- 19** Asian and White
 20 Black African and White
 21 Black Caribbean and White
 22 Any other Mixed Background

Black or Black British

- 15** African
 16 Caribbean
 17 Any other Black background

White

- 23** British
 24 Irish
 25 Any other White background

- 18** Chinese
 98 Any other
 99 Prefer not to say

Nationality
First Language

3. Disability:

Do you consider yourself to have a learning difficulty? **Yes / No**

If yes please specify:

Do you consider yourself to have a physical disability? **Yes / No**

If yes please specify:

Is your disability formally registered? **Yes / No**

Do you think your disability or learning difficulty will affect your learning? **Yes / No**

If yes, would you like someone to contact you to discuss your needs? **Yes / No**

If yes, can we share this information with your Tutor to make sure you get the best out of the course? **Yes / No**

4. Learner Support:

Do you require any additional support, for example from the Learner Support Fund, or Literacy or Numeracy support, to participate in your programme? **Yes / No**

5. Please tick ALL the statements which describe you:

- | | |
|---|--|
| <input type="checkbox"/> Single parent | <input type="checkbox"/> Registered unemployed |
| <input type="checkbox"/> Employed / Self Employed | <input type="checkbox"/> Traveller |
| <input type="checkbox"/> Seeking political asylum | <input type="checkbox"/> Retired |
-

6. Have you taken a course in the last three years? **Yes / No**

7. How did you find out about our course? (Please tick one box only)

- | | |
|--|--|
| <input type="checkbox"/> Radio advert | <input type="checkbox"/> Returning Learner |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> On-Line |
| <input type="checkbox"/> Customer Service Centre | <input type="checkbox"/> Friend / family |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> School |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Library |

Other (please specify)

8. Concessions

IMPORTANT:

■ The Learning and Skills Council subsidises the cost of all courses and any tuition fee paid represents a portion of the cost.

■ Is your employer paying your fees No Yes

If yes please attach a letter to confirming this.

If you are eligible for a concession, please tick the code that applies in the table below. You **MUST** enclose evidence of entitlement with this form.

B 60 years or over on 31.08.09

C Income Support

D Job Seekers Allowance

E Working Tax Credit (Household income below £15,276)*

G Incapacity Benefit

H Unwaged partner of someone receiving C, D, E or M

J Housing/Council Tax Benefit

M Pensions Guarantee Credit

*Please note that for Working Tax Credit, only Pages 1 and 2 of the Award Notice will be accepted as evidence of entitlement.

Refund Policy: Please be aware that a Refund Policy exists. If you withdraw from your course prior to the course starting you may not be eligible for a full refund. If you require additional information and advice about your choice of course/s please telephone the Customer Service Centre on 01522 782011.

Fee Status: Full Fee Concessionary Fee Free Course

Learner's Declaration

■ I declare that the information on this form is correct.


■ I agree to comply with all health and safety requirements and that the provider reserves the right to deny access if I fail to comply.

■ I understand and accept that the Learning Service may have to change, or close, or combine classes, if a class is not available.

Signed by Learner

Date

Data Protection Statement 2009/2010

 Data Protection Act 1998 –The information you provide will be passed to the Learning and Skills Council (the LSC). The LSC is responsible for funding, planning and encouraging education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes.

TURN OVER PAGE

Other organisations with which we will share information include, the Department for Children, Schools and Families, the Department for Innovation, Universities and Skills, Connexions, Local Authorities, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC also administers the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN). The LSC is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and the ULN and what they do, may be found at www.lsc.gov.uk/providers/Data/help/dataprotection.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

Tick this box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England.

The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. Please tick here if you do not wish to be contacted about courses or learning opportunities by post.

Fair Processing Statement: (Unique Learner Number)

The Managing Information Across Partners (MIAP) service is operated by the Learning Skills Council (LSC) for Learners aged 14 years and over and Learners registering for relevant post-14 qualifications.

MIAP offers a Learner Registration Service to allocate Unique Learner Numbers (ULNs) which enable the individual to access a Learner Record Service. The Learner Record Service will offer the Learner the facility to access their participation and achievement data via a website and to share this with other organisations and individuals where permission is granted.

The MAIP service will allow those organisations listed on section 537A of the Education Act (www.miap.gov.uk) to use the Unique Learner Number as a key to sharing participation and achievement data in a consistent and approved manner, promoting good information management practice.

All organisations that will have access to the information you provide are registered under the Data Protection Act 1998. At no time will your personal information be passed to organisations for marketing or sales purposes.

Individuals can opt-out of sharing participation and achievement data with those organisations listed in section 537A of the education act. Details of opting-out of data sharing can be found at www.miap.gov.uk or by telephoning the MIAP helpdesk on 0845 6022589.

OFFICE USE ONLY

AQUA CODE: _____

Date of AQUA input: _____

By: _____

Aut Spr Sum

Concession: Type of Proof

Funding stream

ASL/First Steps

ASL/PCDL

FCR

Other

Disability

Date Learner contacted: _____

Date Tutor contacted: _____

Method: _____

Follow-up: _____

Authorised signature