

ENROLMENT FORM 2011/2012

www.lincolnshire.gov.uk

Lincolnshire
COUNTY COUNCIL



Skills
Funding
Agency
Grow
Personal Development
& Lifelong Learning

Please complete **ALL** sections below clearly in black ink. Failure to complete this form will delay your enrolment. If you require this form in a larger print size please ask your Tutor.

Course Code	Course Title	Day	Time	Venue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. PERSONAL DETAILS (Fields marked with * are mandatory)

Title (Ms, Mrs, Mr, Miss)*		Work tel.
Surname*		Home tel.
Forename*		Mobile tel.
Gender*	Date of Birth*	Email
Address		Would you like to be part of a learner advisory group? <input type="checkbox"/> Yes <input type="checkbox"/> No
Post Code*		Unique Learner Number:

The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and 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.

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

Please ensure you have provided us with the relevant information in your details above.

2. HOW DID YOU FIND OUT ABOUT THE COURSE (please tick one box only)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Job Centre/Employment Office | <input type="checkbox"/> 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"/> Children's Centre |
| <input type="checkbox"/> Customer Service Centre | <input type="checkbox"/> Returning Learner | <input type="checkbox"/> School | <input type="checkbox"/> Twitter/Facebook |
| <input type="checkbox"/> Other (please specify) _____ | | | |

3. RE-ENROLMENT

Have you taken an Adult Learning course with Lincolnshire County Council since 1st August 2011? Yes No

If your answer is yes and none of your details in the following sections have changed, please go straight to section 9, Learner's Declaration and Eligibility at the end of this form.

4. EQUALITY & DIVERSITY

Do you have a disability? Yes No (If Yes, please tick the box below which applies to you)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 01 Visual impairment | <input type="checkbox"/> 04 Other physical disability | <input type="checkbox"/> 07 Mental health difficulty | <input type="checkbox"/> 10 Aspergers syndrome |
| <input type="checkbox"/> 02 Hearing impairment | <input type="checkbox"/> 05 Other medical condition | <input type="checkbox"/> 08 Temporary disability after illness / accident | <input type="checkbox"/> 90 Multiple disabilities |
| <input type="checkbox"/> 03 Disability affecting mobility | <input type="checkbox"/> 06 Emotional / behavioural difficulties | <input type="checkbox"/> 09 Profound / complex disabilities | <input type="checkbox"/> 97 Other |

Do you have a learning difficulty? Yes No If Yes, please tick which applies to you:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 01 Moderate learning difficulty | <input type="checkbox"/> 10 Dyslexia | <input type="checkbox"/> 19 Other specific learning difficulty | <input type="checkbox"/> 90 Multiple disabilities |
| <input type="checkbox"/> 02 Severe Learning difficulty | <input type="checkbox"/> 11 Dyscalculia | <input type="checkbox"/> 20 Autism spectrum disorder | <input type="checkbox"/> 97 Other |

To help us support your needs, please supply further information about your disability/learning difficulty (if applicable):

5. LEARNER SUPPORT

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

If you answer yes, please outline what support we can provide to help you on your chosen course.

6. CONCESSIONS

IMPORTANT

The Skills Funding Agency 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 confirm 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.

- | | |
|--|---|
| <input type="checkbox"/> B 60 years or over on 31.08.11 | <input type="checkbox"/> G Incapacity Benefit |
| <input type="checkbox"/> C Income Support | <input type="checkbox"/> H Unwaged partner of someone receiving C, D, E or M |
| <input type="checkbox"/> D Job Seekers Allowance | <input type="checkbox"/> J Housing/Council Tax Benefit |
| <input type="checkbox"/> E Working Tax Credit (Household income below £15,276)* | <input type="checkbox"/> M Pensions Guarantee Credit |
| <input type="checkbox"/> F Asylum Seeker | <input type="checkbox"/> N Offenders serving time in the community |

* 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. For further details please contact the Customer Service Centre.

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**

ABOUT YOU This information is about you. By completing this section you are helping us to monitor who uses our services.

7. Please tick ALL the statements which describe you

- Single parent Seeking political asylum Employed/self employed Registered unemployed Retired

8. YOUR ETHNICITY, NATIONALITY AND FIRST LANGUAGE

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

Nationality

First Language

9. LEARNER'S DECLARATION AND ELIGIBILITY

Eligibility to enrol on Adult Learning course (please tick one box)

- | | |
|--|---|
| <input type="checkbox"/> In the UK and EEA* citizen (or spouse/child of) for 3 years | <input type="checkbox"/> Asylum seeker here for over 6 months ** |
| <input type="checkbox"/> In the UK for over 3 years, non-EEA national with work – related immigration permission | <input type="checkbox"/> Refugee (and spouse/child of) ** |
| <input type="checkbox"/> Married to a UK/EEA citizen and been here for over a year ** | <input type="checkbox"/> Granted humanitarian protection, discretionary leave, exceptional leave to remain and in receipt of support ** |

* EEA Countries: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom

** Please provide proof of eligibility – i.e. passport or application registration card in the case of an asylum claim


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.
 ■ I am 19 yrs, or over, on or before the 31.08.2011 in the Learner Declaration section.

Signed by Learner

Date

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>

STAFF USE ONLY

LEARNER CODE:

Concession: type of proof

Eligibility verification

Passport No.

ULN Verification: Evidence provided

Application Registration Card date of issue

Disability

Date Learner contacted: _____

Date Tutor contacted: _____

Method: _____

Follow-up: _____

Authorised Signature