

ENROLMENT FORM
Adult Learning and Leisure Courses 2017-2018



Male	Mr.	Surname:	Date of Birth
	Mrs.		
Female	Ms.	Forenames:	Previous Surname:
	Miss.	Preferred Name:	
Address:			Postcode:
Previous Address: (If not at current address for longer than 3 years:			NI No:
Home Telephone Number:		In the event of an Emergency Contact Person: Telephone Number:	
Mobile Telephone Number:			
E-mail Address:			

Course Code	Enrolment Title	Day	Time	Start Date	Course/ Resource Fee

If you are paying a **concessionary fee**, please indicate the reason below and supply supporting evidence:

Receiving Employment Support Allowance (Work Related Category)	Receiving Income Based Job Seekers Allowance
Fee Concession Evidence:	Date:
	Seen by:

Please tick the box that best describes the highest level of Qualification that you have achieved	No formal Qualifications yet <input type="checkbox"/>	GCSE (5 grades A–C)/ O Levels/NVQ Level 2 <input type="checkbox"/>	First Degree/HND/ NVQ Level 4 <input type="checkbox"/>
	GCSE (grades D–F)/ NVQ Level 1 <input type="checkbox"/>	2 A Levels/ NVQ Level 3 <input type="checkbox"/>	Postgraduate Degree <input type="checkbox"/>

Please tick the box that you feel best describes your ethnic origin:

White–English/Welsh/Scottish/ Northern Irish/British <input type="checkbox"/>	Mixed – White and Black African <input type="checkbox"/>	Asian/Asian British – Bangladeshi <input type="checkbox"/>	Black/African/Caribbean/ British – any other background <input type="checkbox"/>
White – Irish <input type="checkbox"/>	Mixed – White and Asian <input type="checkbox"/>	Asian/Asian British – Chinese <input type="checkbox"/>	Other group – Arab <input type="checkbox"/>
White – Gypsy or Irish Traveller <input type="checkbox"/>	Mixed – any other mixed/ multiple background <input type="checkbox"/>	Asian/Asian British – any other Asian background <input type="checkbox"/>	Other group – any other ethnic group <input type="checkbox"/>
White – any other White background <input type="checkbox"/>	Asian/Asian British – Indian <input type="checkbox"/>	Black/African/Caribbean/ British – African <input type="checkbox"/>	I prefer not to say <input type="checkbox"/>
Mixed – White and Black Caribbean <input type="checkbox"/>	Asian/Asian British – Pakistani <input type="checkbox"/>	Black/African/Caribbean/ British – Caribbean <input type="checkbox"/>	

Nationality: _____ Where have you lived for the last 3 years: UK EU/EEA Other

Country of permanent residence: _____ Date of entry to the UK (if not UK national): _____

If you have a Non–EU/EEA Passport do you have a VISA?
 No Dependant/Spouse Visa Holiday Visa Student Visa Work Visa Indefinite leave to remain

Employment details – What is your current employment status?


Employed – Less than 16 hours per week <input type="checkbox"/>	If employed/self–employed please indicate how long for:	If unemployed please indicate how long for:
Employed – 16–19 hours per week <input type="checkbox"/>		
Employed – 20 hours or more per week <input type="checkbox"/>	Employed up to 3 months <input type="checkbox"/>	Less than 6 months <input type="checkbox"/>
Self– Employed <input type="checkbox"/>	Employed for 4 – 6 months <input type="checkbox"/>	6 – 12 months <input type="checkbox"/>
Not in Paid Employment and Seeking Work <input type="checkbox"/>	Employed for 7 – 12 months <input type="checkbox"/>	12 – 23 months <input type="checkbox"/>
Not in Paid Employment and Not Seeking Work <input type="checkbox"/>	Employed for 12 months+ <input type="checkbox"/>	24 – 35 months <input type="checkbox"/>
Retired/Voluntary Work <input type="checkbox"/>	Retired <input type="checkbox"/>	Over 36 months <input type="checkbox"/>

Please charge my Mastercard/Visa/Debit card account with the correct fee. Please give name and address of cardholder if different from above.

Card No: <input type="text"/>	Expiry Date <input type="text"/>	Security Code <input type="text"/>
Card No: <input type="text"/>	Expiry Date <input type="text"/>	Security Code <input type="text"/>
Card No: <input type="text"/>	Expiry Date <input type="text"/>	Security Code <input type="text"/>

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 Do you consider yourself to have a learning difficulty, learning disability and/or health problems? Yes
 If 'yes' please indicate the group(s) to which you see yourself belonging below: No

DISABILITY/HEALTH	LEARNING DIFFICULTY
Visual Impairment 01	No learning difficulty 98
Hearing Impairment 02	Moderate learning difficulty 01
Disability affecting mobility 03	Severe learning difficulty 02
Other physical disability 04	Dyslexia 10
Other medical condition (Epilepsy, Asthma, Diabetes) 05	Dyscalculia 11
Emotional/Behavioural Difficulties 06	Other specific learning difficulty 19
Multiple disabilities 90	Autism spectrum disorder 20
Other 97	Other 97
Profound complex disabilities 09	Not provided 99
Mental health difficulty 07	Multiple learning difficulties 90
Aspergers Syndrome 10	
Temporary disability after an illness or accident 08	

If you have indicated that you do have a disability, learning difficulty and/or health problems, please let us know a little more information and any ways in which you might need support.

Do you require a Personal Evacuation Plan (PEP)? (Please tick as necessary) Yes No

Please indicate which best represents your current household situation:

- Not applicable
- Prefer not to say
- Learner lives in a single adult household with dependant children
- No household member is in employment and the household does not include one or more dependant children
- No household member is in employment and the household includes one or more dependant children

How did you hear about us?
Reason for choosing this course?

Student Declaration / Data Protection

Do you have any criminal record or pending criminal cases relating to physical assault, drug use, sexual offences?
 Yes No (Please tick as necessary)

Privacy Notice How We Use Your Personal Information
 The personal information you provide is passed to the 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. You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training or education. You may be contacted by the English European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme. You can opt out of contact for other purposes by ticking any of the following boxes if you do not wish to be contacted:

About courses or learning opportunities For surveys and research By post By phone By e-mail

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>

I agree to St Vincent College processing personal data contained in this form, or other data (including visual images) which St Vincent College may obtain from me or other people. I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or for any other legitimate reason and in particular to the disclosure of all the data on this form or otherwise collected about me to the Agency and/or EFA for the purposes noted above. I give permission for the College to obtain information about my previous qualifications from the Learning Records Service.

I have read the Data Protection statement above and consent to the information I provide being used for these purposes.
 Signed: _____ Date: _____

Office use only:	Fee Band:	Fully Funded	Co-funded	Loan	Full cost
Fees Paid:	<input type="checkbox"/>	Date paid:	<input type="text"/>	Staff Signature:	<input type="text"/>
Payment Plan agreed:	<input type="checkbox"/>	Date Paid:	<input type="text"/>	Staff Signature:	<input type="text"/>