

2021/22 Adult Education Enrolment Form

(PLEASE COMPLETE ALL SECTIONS USING BLOCK CAPITALS)

SECTION 1 – YOUR PERSONAL DETAILS

Have you been a student at St Vincent College before?

Yes No

Please enter your name as it appears on official documents:

Title: Mr Mrs Miss Ms Other Gender: Male Female

Forename(s) (first/given names):

Middle Name(s): Preferred Name:

Surname (family name): Previous Surname:

Date of Birth (DD/MM/YYYY): / / Age (at start date of course)

National Insurance Number:

How would you describe your Ethnic origin? (Please tick)

White

- 31 English / Welsh / Scottish / Northern Irish / British
 32 Irish
 33 Gypsy or Irish Traveller
 34 Any Other White Background

Mixed / Multiple ethnic group

- 35 White and Black Caribbean
 36 White and Black African
 37 White and Asian
 38 Any Other Mixed / multiple ethnic background

Asian/Asian British

- 39 Indian
 40 Pakistani
 41 Bangladeshi
 42 Chinese
 43 Any other Asian background

Black British

- 44 African
 45 Caribbean
 46 Any other Black / African / Caribbean background

Other

- 47 Arab
 98 Any other ethnic group

SECTION 2 – YOUR CONTACT DETAILS

Current Address:

Postcode: Number of years at this address:

Home Tel. Number: Other Tel. Number:

Mobile: Personal Email:

SECTION 3 – EMERGENCY CONTACT / NEXT OF KIN

PERSON TO CONTACT IN AN EMERGENCY:

Contact Name: Tel. Number:

Relationship to you: Lives with Contact?

SECTION 4 – CRIMINAL CONVICTIONS

Do you have any unspent criminal convictions? Yes No

Any information you give will be completely confidential and will be considered only in relation to this enrolment. An unspent criminal conviction does not necessarily prevent you from enrolling.

SECTION 5 – COURSES

Course Code	Course Title	Start Date	Day	Time	Level	Course Fee

SECTION 6 – ADDITIONAL SUPPORT

The College has a wide range of additional support. (We welcome students with disabilities, learning difficulties and health problems.) Please tick the boxes that are appropriate to you. This will enable the College to consider your additional support needs whilst on a course with us.

If more than one disability, learning difficulty or health problem applies then please circle your main disability, learning difficulty or health problem

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Other physical disability (93) | <input type="checkbox"/> Autistic Spectrum Disorder (14) |
| <input type="checkbox"/> Visual impairment (04) | <input type="checkbox"/> Mental Health difficulty (09) | <input type="checkbox"/> Aspergers Syndrome (15) |
| <input type="checkbox"/> Hearing impairment (05) | <input type="checkbox"/> Moderate learning difficulty (10) | <input type="checkbox"/> Temporary disability after illness (e.g. post-viral) or accident (16) |
| <input type="checkbox"/> Disability affecting mobility (06) | <input type="checkbox"/> Severe learning difficulty (11) | <input type="checkbox"/> Speech, language & communication needs (17) |
| <input type="checkbox"/> Profound complex disabilities (07) | <input type="checkbox"/> Dyslexia (12) | <input type="checkbox"/> Other disability (97) |
| <input type="checkbox"/> Social and emotional difficulties (08) | <input type="checkbox"/> Dyscalculia (13) | <input type="checkbox"/> Prefer not to say (98) |
| <input type="checkbox"/> Other medical condition (e.g. Epilepsy, Asthma, Diabetes. Please state below) (95) | <input type="checkbox"/> Other specific learning difficulty (94) | |
| | <input type="checkbox"/> Other learning difficulty (96) | |

Please provide any further comments:

Would you like someone to contact you about extra support? Yes No Do you have an Education Health Care Plan (EHCP)?

Do you require a Personal Emergency Evacuation Plan (PEEP)? Yes No If escorted on the course, please give details:

Escort Name: _____ Escort Telephone: _____ ID sighted: _____ Date: _____

SECTION 7 – RESIDENCY

What is your nationality? :

Have you lived in the UK/EU for more than 3 years?

Yes No

Are there any immigration restrictions on how long you can stay in the UK?

Yes No

Are you an asylum seeker?

Yes No

What type of Visa do you hold?

Dependant/Spouse Visa Holiday Visa Student Visa Work Visa Indefinite leave to remain

If you have lived in the UK/EU for less than 3 years then please enter the country you have previously lived in:

Office use only

If **YES** to any of these questions then please refer to student Services

Date of Arrival in UK

Visa Expiry Date

SECTION 8 – PREVIOUS EDUCATION AND QUALIFICATIONS

What was the last educational institution you attended?

What year did you leave?

What are your grades for the following GCSE subjects?

GCSE English Language:

GCSE English Literature:

GCSE Mathematics:

What is your highest level of qualification (in any subject)? (tick the first box that applies to you)

Level	Qualifications	Tick
Level 7+	Masters Degrees, Postgraduate Certificates and Diplomas, Doctorates, Award, Certificate, Diploma Level 7+	<input type="checkbox"/>
Level 6	Bachelor's Degrees, Graduate Certificates and Diplomas, Award, Certificate, Diploma Level 6	<input type="checkbox"/>
Level 5	HND, Foundation Degree, Award, Certificate, Diploma	<input type="checkbox"/>
Level 4	NVQ Level 4, HNC, Award, Certificate, Diploma Level 4	<input type="checkbox"/>
Full Level 3	NVQ Level 3, 2 or more A Levels, 4 or more AS Levels, Certificate, Diploma Level 3, Access to HE	<input type="checkbox"/>
Full Level 2	NVQ Level 2, 5 or more GCSE/O Levels at A*-C OR 4-9, 2 or 3 AS Levels, 1 A Level, Cert/Diploma Level 2	<input type="checkbox"/>
Level 1	NVQ Level 1, GCSE/O-Level Grades D-G or fewer than 5 A*-C, 1 AS Level, Award/Cert/Diploma at Level 1, Functional Skills at Level 1, Certificate in Adult Literacy, Numeracy, ESOL at Level 1	<input type="checkbox"/>
Entry	Award/Cert at Entry Level, Certificate in Adult Literacy, Numeracy, ESOL at Entry Level, Functional Skills	<input type="checkbox"/>
None	No Qualifications	<input type="checkbox"/>

SECTION 9 – EQUAL OPPORTUNITIES

OPTIONAL - These questions are optional and are answered at your discretion. You have the right to keep this information confidential.

Sexual Orientation

- Bisexual
 Gay/lesbian
 Heterosexual
 Other
 Prefer not to say

Religion/Belief

- Christian
 Hindu
 Catholic
 Sikh
 Buddhist

- Muslim
 Jewish
 None
 Prefer not to say

Other (please state)

Gender

What gender do you currently identify yourself as:

Prefer not to say

SECTION 10 – EMPLOYMENT STATUS

If you are working please tick one option from each column:

<p>A:</p> <p><input type="checkbox"/> I am Self Employed</p> <p><input type="checkbox"/> I work for an Employer</p> <p><input type="checkbox"/> I am an Apprentice</p>	<p>B:</p> <p><input type="checkbox"/> I work for 0 to 10 hours each week</p> <p><input type="checkbox"/> I work for 11 to 20 hours each week</p> <p><input type="checkbox"/> I work for 21 to 30 hours each week</p> <p><input type="checkbox"/> I work for 31 hours or more each week</p>	<p>C:</p> <p><input type="checkbox"/> I have been working for my current employer for less than 3 months</p> <p><input type="checkbox"/> I have been working for my current employer for 4-6 months</p> <p><input type="checkbox"/> I have been working for my current employer for 7-12 months</p> <p><input type="checkbox"/> I have been working for my current employer for over 12 months</p>
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If you are not working, please tick the statement that best describes you:

I am not employed and not looking for work (tick this option if you are in full time education)

I am not employed and have been looking for work for less than 6 months

I am not employed and have been looking for work for 6-11 months

I am not employed and have been looking for work for 12-23 months

I am not employed and have been looking for work for 24-35 months

I am not employed and have been looking for work for more than 36 months

If you are applying for a work based learning course please provide;

Employer/Placement name:

Address:

Contact name in placement and telephone number:

SECTION 11 – REFERENCES (Vocational learning area (Work Based Learning) courses only)

If applying for any work based learning courses please provide two referees - they should preferably be an employer or a professional person (no friends or relatives).

<p>First referee name:</p> <p>Address:</p> <p>Occupation:</p>	<p>Second referee name:</p> <p>Address:</p> <p>Occupation:</p>	<p>Experience: Please give details of any relevant experience (or attach a copy of your CV).</p>
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SECTION 12 – FEE INFORMATION

Please tick which fee waiver you are entitled to or how the course you are applying for will be funded

			Evidence seen
Full Time 16-18	There are no tuition or exam fees for full time learners aged 16-18 on 31st August 2018 enrolling on a Further Education Course	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	Your tuition and exam fees may be waived on eligible Level 2 or lower courses if you are unemployed and in receipt of an eligible D state benefit (e.g. Universal Credit, JSA or Employment Support Allowance, Income Support, Housing/Council Tax, Partner of Working Tax Credit Claimant, Pension Guarantee Credit, Disability Living Allowance, Personal Independence Payment). You will also need to be seeking employment and need skills training to help you find employment. Please Provide Evidence with this application.	<input type="checkbox"/>	<input type="checkbox"/>
Low Income	Your tuition and exam fees may be waived on eligible Level 2 or lower courses if you are employed and earning less than £17,004.00 annual gross salary. Wage slip or current employment contract dated within 3 months of course start date is required.	<input type="checkbox"/>	<input type="checkbox"/>
First Level 2	If you are aged 19-23 at the start of your course and studying an eligible full Level 2 qualification or lower (excludes ESOL) then you may be entitled to have your tuition and exam fees waived. You must not already hold a full Level 2 qualification or above. I confirm that this is my first full Level 2 and declare that I do not already have a full Level 2 qualification or above.	<input type="checkbox"/>	<input type="checkbox"/>
First Level 3 loans	If you are aged 19-23 at the start of your course and studying an eligible full Level 3 qualification then you may be entitled to have your tuition and exam fees waived. You must not already hold a full Level 3 qualification or above. I confirm that this is my first full Level 3 and declare that I do not already have a full Level 3 qualification or above.	<input type="checkbox"/>	<input type="checkbox"/>
Loans	If you have applied for an Advanced Learning Loan or Higher Education Loan from Student Finance England then you will need to bring approval of the loan when enrolling. Please see Student Services if you need assistance with your loan application.	<input type="checkbox"/>	<input type="checkbox"/>
Employer/Sponsor Pay	If your fees are being paid by your employer or sponsor then you will need to supply a letter from an authorised person on company letter headed paper confirming this.	<input type="checkbox"/>	<input type="checkbox"/>
Full Payment	If you will be paying the full amount for your course upon enrolment. Please supply Mastercard/Visa/Debit card details: Card No: <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Expiry: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Security Code: <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Maths/ English	I wish to claim tuition fee waiver to study GCSE/ Functional Skills Maths/ English or other eligible basic skill qualification. I confirm that I do not have GCSE Maths/ English at Grade C/4 or above.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 13 – HOUSEHOLD SITUATION

Please tick the statement that best describes your household (tick all that apply):

- I live in a household where no one is employed and there are dependent children (including yourself) *HHS01*
- I live in a single adult household with dependent children (including yourself) *HHS03*
- I live in a household where no one is employed and there are no dependent children *HHS02*
- None of the above apply *HHS99*
- I do not wish to give this information *HHS98*

SECTION 14 – PRIVACY STATEMENT

How the Education Skills Funding Agency (ESFA) uses 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. Your information may be used for education, training, employment and well-being related purposes, including for research. 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. 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 English European Social Fund (ESF) Managing Authority (or agents acting on its 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 for other purposes by ticking any of the following boxes:

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

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>

How St Vincent College uses your Personal Information

The College collects information about all our staff and students for various administrative, academic and health and safety reasons. We retain personal information (provided by you, or created by us), including: your application details, our assessment of your application and the details of any offer(s) of study we have made or as an attendee of our college. We may also keep it beyond your attendance at our college if this is necessary in order to comply with our legal obligations. I consent to St Vincent College processing personal data contained in this form, or other data the College may obtain from other sources. I agree to the processing of such data for any purposes connected with my studies or for my health and safety whilst on the premises or for any other legitimate reason, including reporting to parents in the case of students under the age of 18 years.

Information may be passed between various sections of the College for operational reasons and may also be disclosed to external agencies to which we have obligations (for example Government Agencies and associated Statutory Bodies, Higher Education Statistics Agency, Government Survey & Research Organisations, UCAS, Student Loans Company, Education Authority, Learner Records Service, Crime Prevention Agencies, Employers who pay fees and/or allow you time off work to attend your course, Examination Awarding Bodies, Social Welfare Organisations, Trade Unions, Careers Service, UKBA and potentially other such organisations for defined purposes. Further information is available on the College website.

You can agree to be contacted by the College for other purposes (not listed above) by ticking any of the following boxes:

- I agree to receiving marketing information from the College by Post E-Mail Phone SMS
- I agree to be contacted about events and promotions from the College by Post E-Mail Phone SMS
- I agree to photos and/or film being taken of me and used for marketing purposes Yes No

SECTION 15 – LEARNER AGREEMENT

Student Declaration: I declare that the information given on this form is correct to the best of my knowledge. I agree that I have received adequate information, advice and guidance about my proposed programme of study including:

- Entry requirements
- The structure of the programme
- The type of learning and assessment involved
- Work Experience (if included)
- Visits and residentials that are part of the course
- Any costs involved
- Information and availability of financial assistance

I have read the Learner Agreement and understand my responsibilities as a student. I am aware of the College's policies relating to the charging and payment of fees and agree to be bound by them. I understand that if I withdraw from the above course once the course has started then I am still liable for the course fee including those from the Student Loans Company. I understand that all materials or kit costs are charged separately. I am aware that I must inform the College of any change in my circumstances affecting my eligibility for financial support. I agree to St Vincent College handling (including passing such information to authorised third parties in accordance with purposes set out above) and processing this information about me.

I understand that the information will only be used for purposes set out above and my consent is conditional upon the College complying with its duties and obligations under current Data Protection legislation.

Student Signature	<input type="text"/>	Staff Signature	<input type="text"/>	Date:	<input type="text"/>
Date:	<input type="text"/>	Staff Print Name	<input type="text"/>		<input type="text"/>

ID Verification for ULN (office use only):

- Passport NI Card Benefits Details
- Driving Licence Debit/Credit Card Other:



European Union
European Social Fund

Activity may have been directly or indirectly part-financed by the European Union through European Social Fund - helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources

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Funded by

