

Venue	Course Title	
Start Date	Day	Time
End Date	Total Course Hours	Tutor

ULN

Learner ID

LEARNER DETAILS – PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

The name you provide below must match that shown on your id. This is the name that we will use on all correspondence with you including your certificates so please write clearly.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Male ☐ Female

Surname / Family Name

First Name

Middle Name

National Insurance Number

Date of Birth

Day Month Year

Age on 31
August 2017

What is your ethnic group?

White

☐ English / Welsh / Scottish / Northern Irish / British
☐ Gypsy or Irish Traveller

☐ Irish
☐ Any other White background

Mixed / Multiple ethnic groups

☐ White and Black Caribbean
☐ White and Asian
☐ Any other Mixed / multiple ethnic background

☐ White and Black African

Asian / Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi
☐ Chinese ☐ Any other Asian background

Black / African / Caribbean / Black British

☐ African ☐ Caribbean
☐ Any other Black / African / Caribbean background

Other ethnic group

☐ Arab ☐ Any other ethnic group

What is your country of birth?

Have you been permanently resident in the UK or the EU or EEA for the last 3 years?

☐ Yes

☐ No - date you arrived in U.K:

Day

Month

Year

Do you have a disability, learning difficulty or health problem? ☐ Yes ☐ No

If YES, please tick below all that apply and provide the number that corresponds to your main disability/health problem:

☐ 4 Visual impairment

☐ 5 Hearing impairment

☐ 6 Disability affecting mobility

☐ 7 Profound complex disabilities

☐ 8 Social & emotional difficulties

☐ 9 Mental health difficulty

☐ 10 Moderate learning difficulty

☐ 11 Severe learning difficulty

☐ 12 Dyslexia

☐ 13 Dyscalculia

☐ 14 Autism Spectrum disorder

☐ 15 Asperger's syndrome

☐ 16 Temporary disability after illness or accident

☐ 17 Speech, Language and Communication Needs

☐ 18 Other physical disability

☐ 19 Other specific learning difficulty

☐ 95 Medical condition eg asthma, epilepsy, diabetes

☐ 96 Other learning difficulty

☐ 97 Other disability

☐ 98 Prefer not to say

Please write in this box the number that corresponds to your main disability or health problem

If you have ticked to indicate a disability or learning difficulty, and would like to speak to someone about any support or adaptations you might need please tick here: ☐

Would you hear a fire alarm in normal circumstances?

Do you need assistance to evacuate a building in an emergency?

☐ Yes

☐ No

☐ Yes

☐ No

Paying for your course

☐ This course is free of charge - if one of the categories in the fee remission box applies please tick the relevant option – this will allow the Service to claim funding back from our Funding Body

☐ There is a fee for this course – you will be eligible for a free course if you can satisfy one of the fee remission categories below:

Fee Remission

- ☐ English or Maths course (not ESOL)
- ☐ Receiving JSA or ESA WRAG
- ☐ Aged 19-23 and need entry or level 1 course to access first Level 2
- ☐ Aged 19-23 and first full level 2 or Level 3
- ☐ English or Maths GCSE (first time or previous grade below C)
- ☐ Unemployed, receiving Universal Credit and in a JCP work group.
- ☐ Earning less than £330 a month or 16x National Minimum wage a week, on benefits and want to get a better job
- ☐ Unemployed, receiving benefits and want to work

If none of the above options apply please complete the payment details below:

	Course fees:	Exam fees:
Fees paid by learner:	£	£
<input type="checkbox"/> Cash		<input type="checkbox"/> Chq
Receipt number:		

**To confirm the learner's eligibility to attend this course please indicate the learner's residency status below.
Under one of the sections below please tick one box in each column**

BORN IN THE UK or EU/EEA	
<input type="checkbox"/> Driving Licence showing UK birthplace	<input type="checkbox"/> Has been in UK/EEA for 3 years before the date they start the course <input type="checkbox"/> Family member* of a UK/EEA citizen who has been in UK/EEA for 3 years or more.
<input type="checkbox"/> Birth certificate showing UK birthplace	
<input type="checkbox"/> British passport showing UK birthplace	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> EU ID card/passport	
BORN OUTSIDE THE EU	
<input type="checkbox"/> Driving Licence showing born outside of EU	<input type="checkbox"/> British Passport (themselves or family member*) <input type="checkbox"/> EU ID card/passport <input type="checkbox"/> Indefinite Leave to Enter/Remain (themselves or family member*) <input type="checkbox"/> Citizenship/Naturalisation Certificate (themselves or family member*) <input type="checkbox"/> Refugee Status (themselves or family member*) <input type="checkbox"/> Discretionary Leave to enter/remain (themselves or family member*) <input type="checkbox"/> Exceptional leave to enter/remain (themselves or family member*) <input type="checkbox"/> Humanitarian Protection (themselves or family member*) <input type="checkbox"/> Leave Outside the Rules (themselves or family member*) <input type="checkbox"/> Permission to live in the UK (not student visa) and has lived in the UK/EEA for 3 years before the date they will start the course <input type="checkbox"/> Family member* of a UK/EEA citizen who has lived in UK/EEA for 3 years before the date the learner will start the course
<input type="checkbox"/> Birth certificate showing born outside of EU	
<input type="checkbox"/> Passport showing born outside of EU	
<input type="checkbox"/> Residence Permit showing born outside of EU	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Asylum Seeker ARC card	<input type="checkbox"/> Been in the UK with claim at Home Office for more than 6 months. <input type="checkbox"/> Home Office letter - Been refused asylum but granted support under Section 4 or has appeal pending <input type="checkbox"/> In the care of the Local Authority

*** Definition of Family Member**

Husband, wife, civil partner, child, grandchild, dependent parent or grandparent

Contact details

[illegible]

Your contact number will be used to text you details of cancelled classes. If you do **NOT** wish us to text you please tick here. ☐

Employment Status

Employed

☐ In paid employment

1. Are you self-employed? ☐ Yes ☐ No

2. How many hours a week do you work?

☐ Less than 16 hours per week ☐ 16-19 hours per week ☐ 20 hours or more per week

3. How long have you been working?

☐ Less than 3 months ☐ 4 – 6 months ☐ 7 - 12 months ☐ More than 12 months

Not employed (including retired)

☐ Looking for work and available to start work ☐ Not looking for work and/or not available to start work

How long have you been unemployed/retired?

☐ Less than 6 months ☐ 6 - 11 months ☐ 12 - 23 months ☐ 24 - 35 months ☐ Over 36 months

Are you receiving any of the following benefits?

☐ Jobseekers Allowance ☐ Employment & Support Allowance (WRAG) ☐ Universal Credit ☐ Other State Benefit ☐ I don't receive any State Benefits

Were you in full time education before enrolling on this course?

☐ Yes ☐ No

What is your household situation?

<input type="checkbox"/> No household member is in work and household includes 1 or more dependent children* <input type="checkbox"/> No household member is in work and there are no dependent children* in the household <input type="checkbox"/> I live in a single adult household with dependent children* <input type="checkbox"/> I wish to withhold this information <input type="checkbox"/> None of these apply	* A dependent child is someone aged 0-17 or 18-24 if a full time student or not working and not claiming benefits
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What is your highest previous qualification in any subject?

☐ Entry Level ☐ Level 1 (GCSE D-G) ☐ Level 2 (5 GCSE O-level grades A-C) ☐ Level 3 (AS or A-levels) ☐ Level 4 (Higher Education)
☐ Level 5 (HND, Diploma in HE) ☐ Level 6 (Undergraduate degree) ☐ Level 7 and above ☐ No qualifications

How did you find out about this course?

☐ Attended before ☐ Publicity Leaflet ☐ At an event/taster session ☐ Employer ☐ Council Website ☐ Other website ☐ Newspaper
advert/article ☐ Friend/relative ☐ School ☐ JobCentre Plus ☐ Other

How We Use 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 the Data Protection Act 1998, 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 may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with the Data Protection Act 1998.

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

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/esfa-privacy-notice>

European Social Fund

This activity is part-financed by the European Union through the European Social Fund (ESF). ESF supports activities to extend employment opportunities and develop a skilled workforce

Learner Declaration

I am satisfied with my choice of course and the information and guidance I have received.

I agree to attend my course wherever possible, and that failing to attend regularly could result in losing my place

I declare that the information I have provided on this form is true and correct and that my name is correct as it is written on this form.

Learner signature	
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Adult Education Staff Declaration

I confirm I have seen evidence of the learner's identity and residency and the name matches that provided on this form

I confirm that where applicable I have seen evidence of the learner's household income and the learner is eligible to receive the financial support requested

Enrolling officer signature		Date:
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