

POOLE ADULT LEARNING – ENROLMENT FORM

PLEASE USE BLACK INK & BLOCK CAPITALS

PLEASE COMPLETE BOTH SIDES & RETURN

Surname (Mr/Mrs/Miss/Ms)		Gender (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Other Names (in full)		Date of Birth	
Address			
Postcode		Email	
Daytime Tel		Evening Tel	Mobile Tel

COURSE CODE	COURSE TITLE	DAY	FEE PAID

 I am a Linking Learner

 I am a Linking Volunteer

APPLICATION FOR REDUCED FEE	ADDITIONAL INFORMATION	ETHNIC ORIGIN
<p>Some learners are eligible for fee concessions. Please tick all categories that apply to you.</p> <p><input type="checkbox"/> I have an Access to Leisure & Learning Card</p> <p><input type="checkbox"/> I receive Housing or Council Tax Benefit</p> <p><input type="checkbox"/> I receive Job Seeker's Allowance (income based)</p> <p><input type="checkbox"/> I receive Income Support</p> <p><input type="checkbox"/> I receive Working Tax Credit</p> <p><input type="checkbox"/> I receive Disabled Person's Tax Credit</p> <p><input type="checkbox"/> I receive New Deal 50+ Employment Credit</p> <p><input type="checkbox"/> I am an Asylum Seeker in receipt of the equivalent to an income-based benefit</p> <p><input type="checkbox"/> I am an Unwaged Dependant of a person receiving one of the benefits shown above</p> <p><input type="checkbox"/> I am 16-18 years of age</p> <p><input type="checkbox"/> I am in receipt of Pension Credit</p> <p><input type="checkbox"/> Do you need financial support? (eg transport, childcare or equipment for your course)</p> <p><input type="checkbox"/> Do you need learning support? (eg support with your studies or exams)</p> <p>You must include a photocopy of your documentary evidence with your application before a place can be confirmed. If paying by cheque, please provide separate payments for each course.</p>	<p>We want to ensure that you get the most from your Adult Learning course and are pleased to offer support to assist you.</p> <p>Please tick the boxes below which best describe any medical condition, disability and/or learning difficulty you may have.</p> <p><input type="checkbox"/> No medical condition or disability</p> <p><input type="checkbox"/> No learning difficulty</p> <p><input type="checkbox"/> Visual Impairment</p> <p><input type="checkbox"/> Hearing Impairment</p> <p><input type="checkbox"/> Disability Affecting Mobility</p> <p><input type="checkbox"/> Emotional/Behavioural Difficulties</p> <p><input type="checkbox"/> Other Physical Disabilities</p> <p><input type="checkbox"/> Other Medical Condition (e.g. epilepsy, asthma)</p> <p><input type="checkbox"/> Mental Ill Health</p> <p><input type="checkbox"/> Temporary Disability After Illness or Accident</p> <p><input type="checkbox"/> Profound Complex</p> <p><input type="checkbox"/> Multiple Disabilities</p> <p><input type="checkbox"/> Other Disabilities</p> <p><input type="checkbox"/> Moderate Learning Difficulty</p> <p><input type="checkbox"/> Severe Learning Difficulty</p> <p><input type="checkbox"/> Dyslexia</p> <p><input type="checkbox"/> Dyscalculia</p> <p><input type="checkbox"/> Other Specific Learning Difficulty</p> <p><input type="checkbox"/> Multiple Learning Difficulties</p> <p><input type="checkbox"/> Other Learning Difficulty</p> <p>Please tick here if you would like to be contacted by a member of staff to discuss your needs for your course(s) <input type="checkbox"/></p> <p>If you have indicated a medical condition, disability and/or learning difficulty, please tell us how we can best help you with your learning.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Please tick the box which you feel best describes your ethnic origin (this is a DfES requirement). This information is very important because it helps us to ensure we treat everyone fairly.</p> <p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background (please specify in box below)</p> <p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background (please specify in box below)</p> <p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian or Asian British background (please specify in box below)</p> <p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black or Black British background (please specify in box below)</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Ethnic Background: (please specify in box below)</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

Please turn to page 47
for Financial Help –
Reduced Course Fees

PAYMENT METHOD Cheques should be made payable to Borough of Poole American Express & Diners Club International are not accepted.

Please tick <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Mastercard/Visa <input type="checkbox"/> Switch/Delta
Card Holder's Name	Switch Card Issue No/Valid From Date /
	CCV/CCV2 Security Code
Card No	Expiry Date / Signature

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YOUR CURRENT STATUS

What is your current employment status?

- Working Full-Time
 Working Part-Time
 Self Employed
 Retired
 In full time education
 Unemployed

Do you consider yourself to be in any of the following categories?

- Looking after dependants
 Homeless or temporary accommodation
 In, or recently left care
 Lone Parent
 Living in a hostel or residential care

RESIDENCY

Is the UK or another EU country your permanent country of residence? Yes No

Please state your country of residence _____

If you have lived abroad at any time during the last 3 years, when did you last enter the UK? _____

Please tick any that apply:

- Asylum Seeker Refugee EEA Migrant Worker
 Exceptional leave to Enter/Remain Indefinite leave to Enter/Remain Married to a UK citizen
 Student VISA Visitor VISA Other – please give details

WHICH OF THE FOLLOWING QUALIFICATIONS DO YOU HAVE?

Please indicate the level of your highest qualification held (in any subject) and state the title of qualification:

- Level 5 – e.g. higher degree, NVQ Level 5, other high level professional qualification
 Level 4 – e.g. teacher qualifications (PGCE), first degree, NVQ Level 4, Nursing (SRN), HNC/HND
 Level 3 – e.g. 2+ A levels, 4+ AS Levels, NVQ Level 3, ONC/OND, TEC Certificate
 Level 2 – e.g. 5+ GCSE/0 Levels Grades A-C, 1 A Level, 2/3 AS Levels, GNVQ Intermediate, NVQ Level 2, Literacy/Numeracy/ESOL Level 2
 Level 1 – e.g. GCSE/0 Levels Grades D-G, CSE below Grade 1, 1 AS Level, GNVQ Foundation, BEC General Certificate, Literacy/Numeracy/ESOL Level 1
 Entry level Literacy/Numeracy/ESOL Other – qualifications below Level 1 Other – qualifications, level not known
 No qualifications Not known

DATA PROTECTION ACT 1998 – The information you provide on this form will be used for Poole Adult Learning and will be passed to the Learning & Skills Council (the LSC). The LSC is responsible for funding and planning 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. Other organisations with which we will share information include, the Department for Education and Skills, Connexions, 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 is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping to develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and what they do, may be found at <http://www.lsc.gov.uk> and by following the links to data protection.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time learners 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, research or further learning opportunities.

The LSC value your views on the education and training which you receive, and will use these to help bring about improvements for learners in England.

I certify that the information given is correct and I agree to observe the regulations of Poole Adult Learning.

I understand that I am required to provide documentary evidence in support of any fee reduction that I am claiming with my application.

I undertake to inform Poole Adult Learning immediately of any change in my eligibility to receive a fee reduction.

Please Sign Here

Today's Date

OFFICE USE ONLY	Initials	Date	Post	Fax	Date received
Place confirmed			Person	Phone	
Payment received					