ADULT LEARNING – ENROLMENT FORM

UNIQUE LEARNER REF:

PLEASE USE BLACK INK & BLOCK CAPITALS PLEASE COMPLETE BOTH SIDES

Surname (Mr/Mrs/Miss/Ms) Gender (please tick) ☐ Male ☐ Female

First Name Other Name(s) 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 ☐ Working in the Voluntary Sector

APPLICATION FOR REDUCED FEE

You may be eligible for fee concessions if any of the following apply.

- ☐ I do not have a full Level 2
- ☐ I do not have a full Level 3
- ☐ I have an Access to Leisure & Learning Card
- ☐ I receive Housing or Council Tax Benefit
- ☐ I receive Job Seeker's Allowance (income based contribution)
- ☐ I receive Income Support
- ☐ I receive Working Tax Credit
- ☐ I receive Disabled Person's Tax Credit
- ☐ I am in receipt of Guaranteed Pension Credit
- ☐ I am an unwaged Dependant of a person receiving one of the benefits shown above
- ☐ I am 16-18 years of age

You must bring your original documentary evidence with your application before a place can be confirmed.

ADDITIONAL INFORMATION

We want to ensure that you get the most from your Adult Learning course and are pleased to offer support to assist you.

- ☐ I have a medical condition or disability
- ☐ I have a learning difficulty

If you have indicated a medical condition, disability and/or learning difficulty, please tell us how we can best help you with your learning.

We will contact you to discuss your support needs.

ETHNIC ORIGIN

Please tick the box which you feel best describes your ethnic origin. This information is very important because it helps us to ensure we treat everyone fairly.

White
- ☐ British
- ☐ Irish
- ☐ Any other White background **(please specify in box below)**

Mixed
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed background **(please specify in box below)**

Asian or Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian or Asian British background **(please specify in box below)**

Black or Black British
- ☐ Caribbean
- ☐ African
- ☐ Any other Black or Black British background **(please specify in box below)**

- ☐ **Chinese**
- ☐ **Any other Ethnic Background: (please specify in box below)**
- ☐ **Prefer not to say**

PAYMENT METHOD

Poole courses: Cheques should be made payable to Borough of Poole. American Express & Diners Club International are not accepted.
Bournemouth courses: Cheques should be made payable to Bournmouth Borough Council

Please tick ☐ Cash ☐ Cheque	☐ Mastercard/Visa ☐ Switch/Delta
Card Holder's Name	Switch Card Issue No/Valid From Date /
	CCV/CCV2 Security Code
Card No	Expiry Date / Signature

Enrolment Form continues – please turn over ➜

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RESIDENCY

Where have you been living since 1st September 2006?

Date you entered the UK _____

☐ UK

☐ Other EU
Please state Country ☐

☐ Outside EU
Please state Country ☐

NATIONALITY ☐

Please tick any that apply:

☐ Refugee
☐ Indefinite leave to Enter/Remain
☐ Visitor VISA
☐ EEA Migrant Worker
☐ Married to a UK citizen (for more than 1 year)
☐ 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:

☐ Full Level 5 – e.g. Postgraduate qualification, NVQ5

☐ Full Level 4 – e.g. Degree, NVQ4

☐ Full Level 3 – e.g. 2+ A Levels, 4+ AS Levels, NVQ3

☐ Full Level 2 – e.g. 5 GCSEs Grades A-C, 5 0Levels Grades A-C, 2+ AS Levels, NVQ2

☐ Full Level 1 – e.g. Less than 5 GCSEs Grades A-C, less than 5 0Levels Grades A-C, NVQ1

Literacy ☐ Level 2 ☐ Level 1 ☐ Entry Level

Numeracy ☐ Level 2 ☐ Level 1 ☐ Entry Level

ESOL ☐ Level 2 ☐ Level 1 ☐ Entry Level

Other qualifications (please specify) ☐ Level if known ☐

☐ No qualifications

HOW DID YOU HEAR ABOUT US?

Please tick any that apply

☐ Unknown
☐ Word of Mouth
☐ Enquiry
☐ Brochure delivered to door
☐ Brochure from Library etc.
☐ Website
☐ Employer
☐ School
☐ Contacted by Provider
☐ Referral
☐ Event
☐ Existing Learner
☐ Hot Courses
☐ Targeted mailing
☐ Newspaper/Magazine advert

DATA PROTECTION ACT 1998 – The information you provide on this form will be used by the Adult Learning Service 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, DIUS (Department for Innovation, Universities 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 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 Adult Learning immediately of any change in my eligibility to receive a fee reduction.

I am aware that any false declarations could result in penalties. Failure to inform Adult Learning of accurate information may result in additional fees being charged.

Please Sign Here _____ **Today's Date** _____

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