****Please fill in the shaded spaces in BLOCK CAPITALS, as appropriate, using Black or Blue ink

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title (Mr, Mrs, etc.) | | Given/Personal/First Names(s) | | | | | | | | | | | | | Surname/ Family Name | | | | | | | | | | | | | | Birth Date -dd/mm/yy | | | | | | | | Gender (M or F) | | | | | Resident in EEA for 3 years (Y or N) | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone/ mobile no. | | | | | | | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Secondary contact no. | | | | | | | |  | | | | | | | | | | | | | | |
| Postcode | |  | | | | | | | | Email address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete below the details of the course that you are enrolling on | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course title: |  | | | | | | | | | | | | | | Start date: | | | | | | | | | | | | |  | | | | | | Time: | | | | | | | | |  | | | | | | | | |
| Location: | ELY COLLEGE | | | | | | | | | | | | | | End date: | | | | | | | | | | | | |  | | | | | | Total hours: | | | | | | | | |  | | | | | | | | |
| Equality & Diversity - To help us monitor our Equality and Diversity, please mark the appropriate boxes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ethnicity – please record the number from the list (on the back page) that relates to your ethnicity. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Do you have any difficulties that may affect your learning or evacuation from the building in the case of an emergency? You have the right not to disclose your disability, but this will mean we may not be able to provide you with relevant support.  (See back page for the number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disability/Evacuation Type (or None) | | | | | | | |  | | | | | | | | | | | | | Learning Difficulty Type (or None) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Previous Qualifications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No qualifications | | | | | | | | | | | | | | | | | |  | | | | Level 3 (e.g. NVQ3 or 3 A Levels) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Entry Level / Below Level 1 | | | | | | | | | | | | | | | | | |  | | | | Level 4 (e.g. NVQ4, HNC or BTEC professional diploma) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Level 1 (e.g. NVQ1 or GCSEs grade D-G) | | | | | | | | | | | | | | | | | |  | | | | Level 5 or above (e.g. HND, Degree) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Level 2 (e.g. NVQ2 or 5 GCSEs grade A-C) | | | | | | | | | | | | | | | | | |  | | | | Other qualification, level unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Employment Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Average Working Hours per week (if not working state 0) | | | | | | | | | | | | | | | | |  | | Self-Employed | | | | | | | | | | | | |  | | Retired | | | | | | | | | | | | | |  | | | |
| Months not employed | | Less than 6 | | | | | | | | |  | | 6-11 | | | | | | | | | |  | | 12-23 | | | | |  | | | 24-35 | | | | | | |  | 36+ | | | | | | | | | |  |
| **You may be eligible for a discounted fee if you are in receipt of the following (proof of benefit is required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If any of the categories below are ticked, you must supply your NI number.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Employment Support Allowance (ESA) in the Work Related Activity Group | | | | | | |  | | | | | Job Seekers Allowance | | | | | | | | | | | | | |  | | | Universal Credit | | | | | | |  | | Other Benefit | | | | | | | | | | | |  | |
| Household Situation, including yourself (Required for all courses) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Adults Employed | | | | | |  | | | No. of Adults un-employed | | | | | | | | | | | | | | | | | |  | | | | No. of dependent children | | | | | | | | | | | | | | | |  | | | | |
| **The personal information you provide is passed to the Chief Executive of Skills Funding (“the Skills Funding Agency”) and the Department for Business, Innovation and Skills (BIS). Please refer to the full text in the terms and conditions.**  If you would prefer **NOT** to be contacted, please tick your opt out options below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Courses/ Learning | | | | | Surveys/research | | | | | | | | | | | By Post | | | | | | | | | | | | | By Phone | | | | | | | | By E-mail | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | |
| **Declaration:** By signing I certify that the information given is current and correct. I have read and agree to the terms and conditions available to me. I have received guidance on my choice of course(s) and understand the costs, entry requirements and suitability of the course of study. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | Date | | | | | | | | | | | | |  | | | | | | Fee Paid £ | | | | | | | | |  | | | | | | | | |
| Additional details below FOR PROVIDER USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course code**:** | | | |  | | | | | | | | | | Targeted code: | | | | | | | | | | | | | | |  | | | | | | ID code: | | | | | | | | | | |  | | | | | |
| Provider | | | |  | | | | | | | | | | Qual aim: | | | | | | | | | |  | | | | | | | | | | | Prior Learning % | | | | | | | | | |  | | | | | | |
| Provider declaration: I have seen supporting evidence to confirm eligibility for funding. (Signed name and position) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Please make a note of the number and enter this in the space provided on the first page

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| --- | --- | --- | --- |
| Ethnicity codes – Please record the number on the first page | | | |
| **White** | | **Asian/Asian British** | |
| English/ Welsh/ Scottish/ Northern Irish/ British | 31 | Indian | 39 |
| Irish | 32 | Pakistani | 40 |
| Gypsy or Irish Traveller | 33 | Bangladeshi | 41 |
| Any Other White background | 34 | Chinese | 42 |
| **Mixed/ Multiple ethnic group** | | **Black/ African/ Caribbean/ Black British** | |
| White and Black Caribbean | 35 | African | 44 |
| White and Black African | 36 | Caribbean | 45 |
| White and Asian | 37 | Any other Black/African/Caribbean background | 46 |
| Any other Mixed/Multiple ethnic background | 38 | **Other ethnic group** | |
|  |  | Arab | 47 |
|  |  | Any other ethnic group | 98 |

Please make a note of the number and enter this in the space provided on the first page

|  |  |  |  |
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|  | Disability / Evacuation |  | Learning Difficulty |
| 4 | Visual Impairment | 10 | Moderate Learning Difficulty |
| 5 | Hearing Impairment | 11 | Severe Learning Difficulty |
| 6 | Disability Affecting Mobility | 12 | Dyslexia |
| 7 | Profound complex disabilities | 13 | Dyscalculia |
| 8 | Social and Emotional difficulties | 14 | Autism spectrum disorder |
| 9 | Mental Health Difficulty | 15 | Asperger’s syndrome |
| 16 | Temporary Disability After illness (For Example Post-Viral) or accident | 17 | Speech, Language and Communication Needs |
| 93 | Other physical disability | 94 | Other specific learning difficulty (e.g. Dyspraxia) |
| 95 | Other medical condition (e.g. epilepsy, asthma, diabetes) | 96 | Other Learning Difficulties |
| 97 | Other disability | 98 | Prefer not to say |
| 98 | Prefer not to say |  |  |

For office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Provider reference - Type of ID seen (required for all learners) | | | |
| Bank/Credit/Debit card | 1 | Other – Photo Work Pass | 7A |
| Certificate of Entitlement to Funding | 2 | Other – Armed Forces ID | 7B |
| Driving Licence | 3 | Other – Returning Student | 7C |
| ID Card or other form of National ID | 4 | Other – Exam Certificates | 7D |
| National Insurance Card | 5 |  |  |
| Passport | 6 | None – one of type 1 to 7 to follow. | 8 |