



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

| | | | | | |
|-----------------------|------------------------------|----------------------|--------------------------|--------------|--------------------------------------|
| Title (Mr, Mrs, etc.) | Given/Personal/First Name(s) | Surname/ Family Name | Date of Birth (dd/mm/yy) | Sex (M or F) | Resident in EEA for 3 years (Y or N) |
| Address | | | Telephone/mobile no. | | |
| | | | Secondary contact no. | | |
| Postcode | | Email | | | |

Please complete below the details of the course that you are enrolling on

| | | | | | |
|---------------|--|-------------------|--|--------------|--|
| Course title: | | Start date: | | Time: | |
| Location: | | Planned End date: | | Total hours: | |

We are required to monitor our Equality and Diversity, please enter the appropriate code (see over page)

| | | | | | |
|-----------|--|------------|--|---------------------|--|
| Ethnicity | | Disability | | Learning Difficulty | |
|-----------|--|------------|--|---------------------|--|

Previous Qualifications (Prior Attainment Level)

| | | | |
|------------------------------------------|--|-------------------------------------------------------|--|
| No qualifications | | Level 3 (e.g. NVQ3 or 2+A Levels, 4+AS 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 – All learners must declare their employment status

| | | | | | |
|---------------------------------------------------------|-------------|----------------------------------------------------|-------|---------|-----|
| Average Working Hours per week (if not working state 0) | | Self-Employed (Please also complete working hours) | | Retired | |
| Months not employed – if 0 above | Less than 6 | 6-11 | 12-23 | 24-35 | 36+ |

Household Situation, including yourself

| | | | | | | | |
|------------------------|--|----------------------------|--|---------------------------|--|-------------------|--|
| No. of Adults Employed | | No. of Adults not employed | | No. of dependent children | | Prefer not to say | |
|------------------------|--|----------------------------|--|---------------------------|--|-------------------|--|

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 cannot opt out for this purpose. You can opt in for other purposes by ticking the relevant boxes below. Full details can be found in the ESFA Privacy Notice www.gov.uk/government/publications/esfa-privacy-notice and in our Terms and Conditions

| | | | | | |
|-------------------|-------------------|-----------------|----------------|-----------------|------------------|
| Courses/ Learning | Surveys/ research | LRS – share PLR | By Post opt IN | By Phone opt IN | By E-mail Opt IN |
| | | | | | |

Declaration: By signing I certify that the information given is current and correct. I have read and agree to the Terms and Conditions. I have received guidance on my choice of course(s) and understand the costs, entry requirements and suitability of the course of study. I accept that I may be contacted for research to inform the effectiveness of the programme.

| | | | | | |
|--------------------|--|------|--|------------|--|
| Learner Signature: | | Date | | Fee Paid £ | |
|--------------------|--|------|--|------------|--|

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 benefit 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 | |
|-----------------------------------------------------------------------|--|-----------------------|--|------------------|--|---------------|--|

Additional details below FOR PROVIDER USE ONLY

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------|--|---------------|--|-----------------|--|
| Course Code | | Targeted Code | | Verification ID | |
| Provider declaration: I have seen supporting evidence to confirm the learner identity. (Signed name, provider and position) | | | | | |

**Adult Learning and Skills, Community Learning
Enrolment Form 2018-2019**

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

| Ethnic Group or Background codes – Please record the number on the first page | | | |
|--------------------------------------------------------------------------------------|----|-------------------------------------------------|----|
| White | | Mixed/ Multiple ethnic group | |
| English/ Welsh/ Scottish/ Northern Irish/ British | 31 | White and Black Caribbean | 35 |
| Irish | 32 | White and Black African | 36 |
| Gypsy or Irish Traveller | 33 | White and Asian | 37 |
| Any Other White background | 34 | Any other Mixed/Multiple ethnic background | 38 |
| Asian/Asian British | | Black/ African/ Caribbean/ Black British | |
| Indian | 39 | African | 44 |
| Pakistani | 40 | Caribbean | 45 |
| Bangladeshi | 41 | Any other Black/African/Caribbean background | 46 |
| Chinese | 42 | Other ethnic group | |
| Any other Asian background | 43 | Arab | 47 |
| Prefer not to say | 99 | Any other ethnic group | 98 |

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.

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

| 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 – Verification ID code

| 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 | | |