


FOR OFFICE USE ONLY

 EMP to pay: _____
 LSF: _____
 Input by: _____

Please help us by completing this form as fully as possible in **BLOCK CAPITALS IN BLACK INK**.
 Ensure that you read the enrolment declaration and data protection notes before signing the form.

The College is registered under the Data Protection Act 1998. The information you provide on this form will be held on a database for the purposes of managing your application.

PERSONAL DETAILS

Surname/Family Name: _____

Forename(s): _____

 Gender: M F Title: Mr Mrs Miss Ms Dr

 Date of Birth (DD/MM/YY) / /

 Age at 31/08/11
Home/Permanent Address

 Address: _____

Postcode: _____

Home Tel: _____ Mobile: _____

 Work Tel: _____ No. of Years at This Address

Email: _____

If known, please enter your unique learner number (ULN):

 Have you previously been a learner at Warwickshire College? Yes No
Term-time Address (if different): _____

Postcode: _____

Are you living in College owned/managed accommodation?

 Yes No On Campus Off Campus
HE Students only: While studying, where are you living?

 College maintained property Own residence Other
 Parental/Guardian Home Other rented accommodation
Emergency Contact/Next of Kin

Name: _____

Relationship: _____

 Address: _____

Postcode: _____

Work tel: _____ Home tel: _____

Previous Surname: _____

RESIDENCY AND NATIONALITY

Nationality: _____

If not British, please state country of legal residency: _____

 Have you lived in the EU continuously over the last 3 years? Yes No

If no, please contact the International Office on 01926 884263.

If no, please state date of entry into the UK

 / /

 Are you on a time limited visa? Yes No

EQUAL OPPORTUNITIES

Please indicate the category that best reflects your ethnic origin (please tick one box only)

- | | | |
|--|--|---|
| White
<input type="checkbox"/> (31) English/Welsh/Scottish/Northern Irish/British
<input type="checkbox"/> (32) Irish
<input type="checkbox"/> (33) Gypsy or Irish Traveller
<input type="checkbox"/> (34) Any Other White Background
Black / African / Caribbean / Black British
<input type="checkbox"/> (44) African
<input type="checkbox"/> (45) Caribbean
<input type="checkbox"/> (46) Any Other Black / African / Caribbean Background | Other Ethnic Group
<input type="checkbox"/> (47) Arab
<input type="checkbox"/> (98) Any Other Ethnic Group
Mixed / Multiple Ethnic Group
<input type="checkbox"/> (35) White and Black Caribbean
<input type="checkbox"/> (36) White and Black African
<input type="checkbox"/> (37) White and Asian
<input type="checkbox"/> (38) Any Other Mixed/Multiple Ethnic Background | Asian / Asian British
<input type="checkbox"/> (39) Indian
<input type="checkbox"/> (40) Pakistani
<input type="checkbox"/> (41) Bangladeshi
<input type="checkbox"/> (42) Chinese
<input type="checkbox"/> (43) Any Other Asian Background |
|--|--|---|

The College welcomes the Disability Discrimination Act – if you have a learning difficulty of disability, please help us by giving as much information as possible, so we can arrange the support you need. Please indicate any of the following categories that apply to you.

- | | | |
|--|--|--|
| <input type="checkbox"/> (98) No Disability
<input type="checkbox"/> (01) Visual Impairment
<input type="checkbox"/> (02) Hearing Impairment
<input type="checkbox"/> (03) Disability Affecting Mobility
<input type="checkbox"/> (03) Wheelchair User | <input type="checkbox"/> (04) Other Physical Disability
<input type="checkbox"/> (05) Medical Condition (eg epilepsy) *
<input type="checkbox"/> (06) Emotional/Behavioural Difficulties *
<input type="checkbox"/> (07) Mental Health Difficulty
<input type="checkbox"/> (08) Temporary Disability * | <input type="checkbox"/> (09) Profound/Complex Disabilities
<input type="checkbox"/> (10) Aspergers Syndrome
<input type="checkbox"/> (90) Multiple Disabilities
<input type="checkbox"/> (97) Other *
*Please give details _____ |
|--|--|--|

Learning Difficulties

- | | | |
|---|---|--|
| <input type="checkbox"/> (01) Moderate Learning Difficulties
<input type="checkbox"/> (10) Dyslexia
<input type="checkbox"/> (19) Dyspraxia | <input type="checkbox"/> (02) Severe Learning Difficulty
<input type="checkbox"/> (11) Dyscalculia
<input type="checkbox"/> (90) Multiple Learning Difficulties | <input type="checkbox"/> (20) Autism Spectrum Disorder
<input type="checkbox"/> (19) Other *
*Please give details _____ |
|---|---|--|

 Do you require extra support for any of the following essential skills? English Maths ESOL
 Please tick if you will need any special arrangements to be made whilst taking exams at the College (if so, you will be contacted by your course tutor)

 Please tick if you may need help leaving the buildings in the event of an emergency

COURSE DETAILS

FOR STAFF USE ONLY:
PLEASE AFFIX PROGRAMME LABEL HERE

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PLEASE AFFIX PROGRAMME LABEL HERE

ATTENDANCE DETAILS - If there is any variation from normal attendance shown on the label please show actual attendance

Start Date: _____ End Date: _____

No of Weeks: _____ Hrs/Wk: _____

Date that learner is expected to achieve their main qualification:

ATTENDANCE DETAILS - If there is any variation from normal attendance shown on the label please show actual attendance

Start Date: _____ End Date: _____

No of Weeks: _____ Hrs/Wk: _____

Date that learner is expected to achieve their main qualification:

MARKETING

How did you hear about this programme?

- | | | |
|--|--|--|
| <input type="checkbox"/> Continuing Student | <input type="checkbox"/> College Website | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Part-time "Opportunities" Guide | <input type="checkbox"/> Direct Enquiry to the College | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Learn Direct | <input type="checkbox"/> Employer | <input type="checkbox"/> School |
| <input type="checkbox"/> Connexions | <input type="checkbox"/> Broker | <input type="checkbox"/> Other (please specify below): _____ |

FEE DETAILS

Tuition Fees

FEE REMISSION: Please indicate if you belong to any of the following categories (You may be eligible to have certain fees waived)

- | | |
|---|---|
| <input type="checkbox"/> In Receipt of (Income-based) Job Seekers Allowance (JSA) | <input type="checkbox"/> Studying for your first Full Level 2 Qualification |
| <input type="checkbox"/> In Receipt of Employment Support Allowance (ESA WRAG) | <input type="checkbox"/> Aged 19-24 and studying for your first Full Level 3 Qualification |

If you are in receipt of JSA or ESA please state your National Insurance Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The student falls within the Tuition Fee Remission Policy, the College has seen proof of eligibility and agreed to remit 100% of the tuition fee normally chargeable to the student.

Evidence Seen:

Signed (Staff):

Payment Details (for staff use only)

Notes:

Amount Paid Into Till :

Method of payment : Cash Cheque Visa/Mastercard/Switch

Card No:

Expiry date: / Issue number: Valid from date: /

Security Code (last 3 digits on back of card near signature):

PRIVACY NOTICE 2011/12 – HOW WE USE YOUR PERSONAL INFORMATION

The personal information you provide is passed to the Chief Executive of Skills Funding (“the Agency”) and, when needed, the Young People’s Learning Agency for England (“the YPLA”) to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency’s Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about use of and access to your personal data, and details of partner organisations are available at:

skillsfundingagency.bis.gov.uk/privacy

www.ypla.gov.uk/privacy and

www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information

At no time will your personal information be passed to organisations for marketing or sales purposes.

The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

CONTACT DETAILS

- (1) Tick this box if you do not wish to be contacted by the College or other Funding Agencies
- (3) Tick this box if you do not wish to be contacted about other courses or learning opportunities
- (4) Tick this box if you do not wish to be contacted in respect of surveys and research
- (9) Tick if you **do not** wish to restrict contact – please indicate if you would prefer us **not** to contact you by:
- Post Telephone E-Mail

LEARNING RECORDS SERVICE PRIVACY NOTICE 2011/2012 - UNIQUE LEARNER NUMBER (ULN)

The information you supply will be used by the Chief Executive of Skills Funding, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. Further details of how your information is processed and shared can be found at www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information

We will need to see a form of identification to verify your details. This may be any of the following:

(Staff Only: please tick box to indicate the type of documentary evidence seen)

- (2) Passport (3) Driving Licence (4) ID Card/Other form of national identification (5) National Insurance Card
- (7) Bank Credit/Debit Card (999) Other (please state): _____

LEARNER DECLARATION

I have read and understood this enrolment form and have received appropriate assessment and guidance.

I agree that my admission as a student is subject to the Student Agreement (in the Student Handbook) and the College Regulations and College Fee Policy (available from Student Services).

I agree that I will register for the necessary examination(s) and/or award(s) at the appropriate time. I confirm that I have produced an accurate record of my entry qualifications above.

I, or my guarantor, accept responsibility for all fees for which I am liable.

I consent to Warwickshire College obtaining and processing my image and information as given on this form, as a result of my attendance at the College, at events and on college visits. This information will be for use in College publications, materials, at College events, and for external verification of my course work/exams.

I confirm that I have no unspent criminal convictions.

If you would like to discuss this statement in confidence, please contact the Inclusion Manager on 01926 318195 or e-mail: inclusion@warkscol.ac.uk

LEARNER SIGNATURE:

DATE:

STAFF DECLARATION

Assessment and guidance was provided for the programme and covered the following key areas; implications of the choice of the learner’s learning programme, entry requirements to the chosen learning programme for the learner; any financial or other support required by the learner; an assessment of the suitability of the programme. The assessment was provided by:

- Interview Written Oral Test Other (please specify): _____

I confirm that, as far as I am able to determine, the student has provided an accurate record of their entry qualifications.

STAFF SIGNATURE:

DATE: