

Enrolment Form 2018/19



PLEASE COMPLETE IN CAPITALS USING BLACK INK AND PUT AN IN THE BOXES AS APPROPRIATE

Section 1 - Your Details

I confirm that I am not in Education or Training with another provider.

Please Mr Mrs Miss Ms Gender Male Female NI number

Family Name

Given name 1 Other Name(s)

Date of Birth / / age under 16 on 31/08/18 age between 16 and 18 on 31/08/18 Age on 31/08/18

House No. House Name

Street

District

Town Postcode

Length of time at this address? Years Months

Home Phone No. Mobile Phone No.

Email

Unique Learner No. Personal Tutor

If you are between 16 and 19 and have recently left school, please state your last school:-

Progress / Performance / Emergency Contact

Primary contact

Second contact

Mr Mrs Miss Ms

Mr Mrs Miss Ms

Name

Street

Town

Phone No.

Postcode

Email

Relationship

To be contacted in case of emergency? Yes No

To be contacted in case of emergency? Yes No

Section 2 - Ethnicity

To which ethnic group do you belong? (Please the box).

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

Section 3 - Residency

Have you been legally, ordinarily resident in **England** for the last 3 years? Yes No

Have you been legally, ordinarily resident in the European Economic Area for the last 3 years? Yes No

If not legally, ordinarily resident in **England**, please state country of residence e.g. Wales

Section 4 - Rehabilitation of Offenders

Do you have any criminal convictions except those for minor motoring offences or those spent in accordance with the Rehabilitation of Offenders Act 1974? Yes No

Section 5 - LLDD + Health Problem

Do you consider yourself to have a learning difficulty or disability? Yes No If "Yes", which of the following apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Visual impairment (4) | <input type="checkbox"/> Severe learning difficulty (11) | <input type="checkbox"/> Other physical disability (93) |
| <input type="checkbox"/> Hearing impairment (5) | <input type="checkbox"/> Dyslexia (12) | <input type="checkbox"/> Other specific learning difficulty (94) |
| <input type="checkbox"/> Disability affecting mobility (6) | <input type="checkbox"/> Dyscalculia (13) | <input type="checkbox"/> Other medical condition (95) |
| <input type="checkbox"/> Profound complex disabilities (7) | <input type="checkbox"/> Autism spectrum disorder (14) | <input type="checkbox"/> Other learning difficulty (96) |
| <input type="checkbox"/> Social and emotional difficulties (8) | <input type="checkbox"/> Asperger's syndrome (15) | <input type="checkbox"/> Other disability (97) |
| <input type="checkbox"/> Mental health difficulty (9) | <input type="checkbox"/> Temporary disability after illness/accident (16) | <input type="checkbox"/> Prefer not to say (98) |
| <input type="checkbox"/> Moderate learning difficulty (10) | <input type="checkbox"/> Speech, Language and Communication Needs (17) | |

In your previous role/school, did you have exam concessions e.g. extra time? Yes No Primary LLDD + Health Problem

Section 6 - Prior Attainment Level

Please indicate your highest level of prior attainment on commencing your programme of study.

- | | | |
|---|---|---|
| <input type="checkbox"/> Entry Level | <input type="checkbox"/> Full level 3 (e.g. 2 A levels) | |
| <input type="checkbox"/> Other qualifications below level 1 | <input type="checkbox"/> Level 4 | <input type="checkbox"/> Level 7 and above |
| <input type="checkbox"/> Level 1 (e.g. GCSE below C) | <input type="checkbox"/> Level 5 | <input type="checkbox"/> Other qualification, level not known |
| <input type="checkbox"/> Full level 2 (e.g. 5 GCSE A* - C) | <input type="checkbox"/> Level 6 | <input type="checkbox"/> None |

Subject (e.g. NVQ Business)

Section 7 - Employment Status - All 19+ Learners and 16-18 Learners where doing less than 540 hrs (PT)

Tick the relevant box if you are self employed <= 10 hrs 11 - 20 hrs 21 - 30 hrs >= 31 hrs

Tick the relevant box if you are in paid employment <= 10 hrs 11 - 20 hrs 21 - 30 hrs >= 31 hrs

Tick the box if you are not in paid employment and looking for work and available to start work

If not in employment prior to enrolment, number of years/months unemployed Years Months

Tick the relevant box if you are not in paid employment and not looking for work and/or not available to start work

Tick if you were in full time education or training prior to enrolment

Section 8a - Declaration + Evidence for Fee Waivers

Over 19 only. Declaration of Unemployment/Prior Attainment (Fee remission may apply)

Please tick one box in part 1 and/or one box in part 2 and sign below

Part 1 - Unemployment Status

- I am in receipt of Job Seekers Allowance (JSA). Includes those who receive JSA National Insurance Credits
- I am in receipt of Education Support Allowance (ESA) in the Work Related Activity Group (WRAG)
- I am in receipt of Universal Credit, earn either less than 16 times the national minimum wage/national living wage a week or £338 a month and are determined by jobcentre Plus as being in one of the following groups: All Work-Related Requirements Group; Work Preparation Group; Work-Focused Interview Group
- I am in receipt of other state benefits (than those listed above) and earn either less than 16 times the national minimum wage/national living wage a week or £338 a month and I want to be employed or progress to more sustainable employment and this learning is directly relevant to my employment prospects
- I earn less than £15,736.50 annual gross salary (evidence provided)

Part 2 - Prior Qualifications

- I do not hold a full level 2 qualification or higher (e.g. 5 GCSEs at grades A*-C/9-4, an NVQ Level 2, a BTEC Level 2 Diploma) and I am aged 19-23
- I do not hold a full level 3 qualification or higher (e.g. 2 GCE A Levels, NVQ Level 3, BTEC 90-Credit Diploma, a BTEC Extended Diploma) and I am aged 19-23

Waiver type	Evidence	Waiver type	Evidence
<input type="checkbox"/> 16-18 year old (01)	Age at 31 Aug 2018	<input type="checkbox"/> Low Income (NEW)	Wage slip within last 3 months/contract
<input type="checkbox"/> Maths and English (09)	GCSE/Functional Skills	<input type="checkbox"/> Advanced Learner Loan (AL)	Loans Approval Letter
<input type="checkbox"/> JSA/ESA/UC? Other benefits (15)	Self Declaration & Benefits letter	<input type="checkbox"/> Principal's Discretion/Staff Dev (10)	Authorisation Letter/Staff Dev Form
<input type="checkbox"/> First Full Level 2 (Aged 19-23) (22)	Self Declaration	<input type="checkbox"/> Fee Outstanding (19)	Invoice/Direct Debit Form
<input type="checkbox"/> First Full Level 3 (Aged 19-23) (24)	Self Declaration	<input type="checkbox"/> Co-funded (32)	n/a
<input type="checkbox"/> Working toward Level 2 (Aged 19-23) (L1)	Self Declaration	<input type="checkbox"/> Fees paid in full (99)	n/a

Name of Staff (Print)

Section 8b - Household Situation

- No household member is employed. Household includes dependants. - HHS1
- No household member is employed. Household does not include dependants. - HHS2
- Household includes only one adult (individual aged 18 or above), irrespective of their employment status and includes dependants. - HHS3
- I wish to withhold this information. - HHS98
- None of these statements apply. - HHS99

Section 9 - Higher Education Details - to be completed only when enrolling on HE qualifications

Student Support Number

Occupation Occupation Code

Please indicate which one of the following relates to you Prior HE experience in the UK lasting 6 months or more No prior HE experience in the UK lasting 6 months or more

Term-time accommodation Parental/guardian home Own residence Rented accommodation Other

Please indicate your socio-economic classification

- | | | |
|---|--|---|
| <input type="checkbox"/> Higher managerial and professional occupations | <input type="checkbox"/> Lower managerial and professional occupations | <input type="checkbox"/> Intermediate occupations |
| <input type="checkbox"/> Small employers and own account workers | <input type="checkbox"/> Lower supervisory and technical occupations | <input type="checkbox"/> Semi-routine occupations |
| <input type="checkbox"/> Routine occupations | <input type="checkbox"/> Never worked and long-term unemployed | |

Section 10 - Course(s) - College use only (Please mark one course ONLY as Core Aim)

Course Code	Instance	Grp	Fnd	Prim Prg	Expected £	Waiver	Waiver £	To pay £
<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"/>
Course Title					Tuition fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>					Exam fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Date					Mat fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expected End Date					Funding Adj / RPL (% still to be delivered) <input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delivery Postcode <input type="text"/>			
Planned Annual Hrs								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Restart? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Original Start Date								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Sub-Contractor UKPRN								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Course Code	Instance	Grp	Fnd	Prim Prg	Expected £	Waiver	Waiver £	To pay £
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Restart? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Original Start Date								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Sub-Contractor UKPRN								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

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Sub-Contractor UKPRN								
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Original Start Date								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Sub-Contractor UKPRN								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Section 11 - Privacy Statement

How the ESFA Use Your Personal Information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

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 can agree to be contacted for other purposes by ticking any of the following boxes:

- About courses or learning opportunities For surveys and research
 By Post By Telephone By email

For further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: <https://www.gov.uk/government/publications/esfa-privacy-notice>

- I do not want my name and details of any achievements to be used by the college for future marketing purposes.

Section 12 - Student Declaration

I confirm that:

- I have read the Student Privacy Policy and understand who will have access to my personal data and the reasons for its collection. Please visit <https://www.nsc.ac.uk/student-services/college-privacy-policy/> for a copy.;
- I have read and understood the Terms and Conditions and Acceptable Usage Policy for Network Access and agree to adhere to them. I am aware that failure to comply may result in Network Access being revoked.
- I have read and agree to the Learning Resource Centre terms of access and conditions of use.
- I am aware that I must wear my ID badge at all times when attending a main campus
- I am aware of the content of the course and the entry requirements of the chosen course(s).
- I am aware, where appropriate, the college will contact my parent(s)/guardian, school or former school, with regard to my attendance, progress and/or achievements.
- Where appropriate an assessment of my suitability for the course(s) has been carried out.
- Where fee remission has been provided by the college under the Education & Skills Funding Agency's support policy I have provided the College with supporting evidence of my status. The College may contact the appropriate agency to verify my status.
- I am aware that the learning materials and other resources prepared by the College and supplied to me by the College are and shall remain the property of the College and I shall notify the College immediately if I become aware of any unauthorised use of the whole or any part of the resources by any person.
- I am aware I will be charged a fee if I do not attend or re-sit my exam without medical evidence or evidence of other mitigating circumstances.
- I have received the appropriate assessment, advice and guidance

I confirm that all the information on the enrolment form is correct. I understand that if I have declared false information the college may take action against me to reclaim tuition fees and any support costs.

I will notify Student Services in writing if, over the duration of my chosen course of study, I am convicted of a criminal offence (except for minor motoring offences)

Learner's Signature

Date

 / /

Section 13 - Where there is no remission, who is paying the Tuition Fees?

Student Employer/Sponsor

Other (specify)

A letter of confirmation must be attached where sponsor is to be invoiced.
This section is not applicable to students paying their own fees.

My fees are to be invoiced to:

Name

Address

Postcode

Section 14 - Confirmations - College use only

The learning goals have been agreed with the learner; I have helped the learner to review the assessment and guidance provided and all the learner and course details are complete.

Staff Printed Name

Full Staff Signature

Date / /

Input by

Form Checked By

Input Date / /

Learner ID Number

Payment Method

Cash Card Cheque

Invoice Direct Debit/Standing Order

Total Fee Payable

Total Paid

Balance

Receipt Number