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| **Title:** Mr Mrs Ms Miss Other | | | | | | **Date of Birth:       Male  Female** | | | | | | |
| **Forename(s):** | | | | | | **Surname/Family Name:** | | | | | | |
| **Home Address:** | | | | | | **Phone Numbers:** | | | | | | |
| **Email:** | | | | | | |
| **Postcode:** | | Postcode check: N-D  D (admin only) | | | | Would you like to join our course brochure mailing list?  Yes  No | | | | | | |
| If you would like to nominate someone for us to contact in an emergency, please give their details below:  Name:  Relationship to you:  Contact Number(s): | | | | | | | | | | | | |
| **What is your nationality?** | | | | | | **Please choose the option that best describes your ethnic group/background:** | | | | | | |
| Have you been living in the UK or EEA as a permanent  resident for the past 3 years (or are a member of, or  dependent of a member of, the British Armed Forces)?  Yes  No - Please specify  If your answer is ‘no’, please contact us for more information. Do you have a difficulty that may affect your learning?No  Yes If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If your answer is ‘yes’, please also discuss your additional needs with  your tutor or contact reception to discuss with an advisor. | | | | | | **White**  English/Welsh/Scottish  Northern Irish/British  Irish  Gypsy or Irish Traveller  Any other White background  **Mixed / Multiple Ethnic Groups**  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed/Multiple Ethnic background  **Other Ethnic Group**  Arab  Any other Ethnic group | | | **Asian / Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian    **Black / African / Caribbean / Black British**  African  Caribbean  Any other Black/African/Caribbean background  **Other:** | | | |
| Fee Remission Eligibility- 50% discount    I have a gross household income of less than £25,521 per year  I am in receipt of qualifying state benefits, or the unwaged  dependent of someone in receipt (Child Tax Credits do not apply)  A signed declaration must be provided, and further eligibility checks may  be carried out. | | | | | |
| How did you hear about us?  Our website  Facebook Twitter  Instagram Word of mouth  Course brochure (emailed)  Course brochure (printed) Returning learner Other – please specify | | | | | | | | | | | | |
| **Privacy Notice**  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. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation. 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 have been made aware of the **Privacy Notice** above.  You can agree to be contacted by OTHER third parties by ticking any of the following boxes:  About courses or learning opportunities By post  By phone By email  For surveys and research | | | | | | | | | | | | |
| **Course and Payment Information** (please note: refunds are only available up to 1 week before the start date, unless covered by the Refunds Policy) | | | | | | | | | | | | |
| Please complete and return this form with your payment (cheques made payable to Rutland County Council) and/or evidence  of eligibility for fee remission to: Rutland Adult Learning, Unit 16a, Gate 2, Oakham Enterprise Park, Ashwell Road, Oakham,  LE15 7TU | | | | | | | | | | | | |
| **If you’re enrolling onto an Early Years or Emergency First Aid at Work course, please tell us how many hours per week you’re in paid employment** | | | | | | | | | | | | |
| **Course Code** | **Day & time (am, pm, eve)** | | **Start Date** | **End Date** | **GLH** | **Course Fee** | **Date Paid** | **Receipt no.** | | **Initial** | **MIS** | **Admin** |
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| **This is not required for single sessions**  Learner Handbook Agreement  **Please complete and sign the agreement below following your class induction at the end of your 1st session**  I understand that it may not be practical to read the information contained in the Learner Handbook immediately, but agree to read the contents and retain the booklet for reference until the end of my course(s) and that I am able to access the remaining policies from the RALSS website or, on request, from the Reception office. | | | | | | | | | | | | |
| I declare that the information given is accurate at the time of completing the form and will undertake to inform Rutland Adult Learning should there be any changes to my circumstances during the period of learning.  I agree to the terms and conditions included in the Learning Agreement, displayed on the website, or available from the enrolment office.  *Please ask if you would like a copy of this to read before completing your enrolment* | | | | | | | | | | | | |
| **Learner Signature: Date:** | | | | | | **Staff name:**       **Date:** | | | | | | |
| If anything on this form is unclear, or you would like help or advice about completing the form, fee remission or support, please call us on 01572 758122 to speak to our enrolment staff. More course information or advice is also available if needed. | | | | | | | | | | | | |