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| Learner Enrolment Form and Learning Agreement 2020-21 |
| **Please complete ALL FIELDS (fields highlighted in grey are to be completed by admin)** |
| **PERSONAL INFORMATION** |
| **Title:** [ ]  **Mr** [ ]  **Mrs** [ ]  **Miss** [ ]  **Ms** [ ]  **Other** | **Emergency Contact details** |
| **Forenames:** |  | Contact name: |  |
| **Known as:** |  | Relationship: |       |
| **Surname:** |       | Contact Tel No: |  |
| **Prev. Surname:** |       | **Is English your first language?** Yes [ ] No [ ]  |
| **Date of Birth:** |       | **If ‘No’, what language do you speak at home?** |
| **Legal Gender:** | [ ]  **Male**  | [ ]  **Female**  |       |
| **Home Address:** |       | **Have you lived legally in the UK, EU or EEA for the last three years?** [ ] Yes [ ] No - please specify  |
| **Postcode:** |       | **HOUSEHOLD SITUATION** |
| [ ]  **I live in a single adult household with dependent children** |
| **Postcode check:** | **Area:** N-D [ ]  D [ ]  **By:**………………………. | [ ]  **No household member is in employment and the household includes one or more dependent children** |
| **Tel No(s):** |  | [ ]  **No household member is in employment and the household does not include any dependent children** |
| **Email address** |       | [ ]  **I confirm that I wish to withhold this information**[ ]  **None apply** |
| **NI Number** |  | **Identity Check.** Staff sig:………………………….. |
| **Do you have any unspent criminal convictions?**  | Yes [ ] No[ ]   | [ ] Passport | [ ] Driver’s License |
| If ‘yes’, you will **not** automatically be excluded from the enrolment process. | [ ] Birth Certificate | [ ] Other……………………... |
| **2 NATIONALITY, DIFFICULTIES & PREVIOUS QUALIFICATIONS** |
| **Please choose one option that best describes your ethnic group:** | **What is your nationality?**  |       |
| **White** | **DIFFICULTIES** |
| [ ]  **English/Welsh/Scottish/Northern Irish/British**[ ]  **Irish** | **Do you consider yourself to have a learning difficulty, disability or health need? No** [ ]  **Yes** [ ]  |
| [ ]  **Gypsy or Irish Traveller** | **If yes, please *tick* all that apply and *circle* your Primary difficulty.** |
| [ ]  **Any other White background** | [ ] Vision | [ ] Dyslexia | [ ] Autism |
| **Mixed / Multiple Ethnic Groups** | [ ] Hearing | [ ] Dyspraxia | [ ] Learning difficulty |
| [ ]  **White and Black Caribbean** | [ ] Mobility  | [ ] Communication | [ ] Social/ Emotional |
| [ ]  **White and Black African** | [ ] Mental Health |  |
| [ ]  **White and Asian** | **Do you have an Education, Health & Care Plan?** [ ]  **Yes** [ ]  **No**  |
| [ ]  **Any other Mixed/Multiple Ethnic background** | **PREVIOUS QUALIFICATIONS** |
| **Asian / Asian British** | [ ]  **Certificates seen?** [ ]  **Learning Records Service checked? By:……………** |
| [ ]  **Indian**[ ]  **Pakistani** | **GCSE Grades**  | **Maths** |  | **English** |  |
| [ ]  **Bangladeshi**[ ]  **Chinese** | **Functional Skills Level** | **Maths** |       | **English** |       |
| [ ]  **Any other Asian background** | [ ]  **No formal qualifications** [ ]  **Other, level not known** [ ]  **Entry level or below** |
| **Black / African / Caribbean / Black British** | [ ]  **Level 1 – 4 GCSEs grades A\*-C/9-4** |
| [ ]  **African** | [ ]  **Level 2 – 5 GCSEs grades A\*-C/9-4, NVQ Diploma** |
| [ ]  **Caribbean** | [ ]  **Level 3 – 2 A-Levels, 4 AS-Levels, NVQ Diploma**[ ]  **Level 4 - HNC, NVQ4** |
| [ ]  **Any other Black/African/Caribbean background** |
| **Other Ethnic Group** | [ ]  **Level 5 - HND, First Degree, Foundation Degree** |
| [ ] **Arab**[ ] **Any other ethnic group** | [ ]  **Level 6 - Bachelor’s Degree, Award/Certificate/Diploma**[ ]  **Level 7+ - Doctorates, Master’s Degree** |
| **HOW DID YOU HEAR ABOUT US?** |
| [ ]  **Website** [ ]  **Facebook** [ ]  **Twitter** [ ]  **Instagram** [ ]  **Word of mouth** [ ]  **Returning learner** [ ]  **Printed course brochure** [ ]  **Emailed course brochure** [ ]  **Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **EMPLOYMENT RECORD** |
| [ ]  **I am in paid employment** | [ ]  **I am not in paid employment but looking for work** | [ ]  **I am not in paid employment and I am NOT looking for work** |
| **How many hours do you work per week?** |  | **How long have you been unemployed?      ………..** |
| **How long have you been employed?** |       | **Benefits** |
| **Employer name:** |  | **If you are in receipt of a benefit, please tick the applicable option below:** |
| **Address:** |       | [ ]  **JSA**[ ]  **ESA**[ ]  **Universal Credit**[ ]  **Other state benefit (please specify):      ………….**[ ]  **I have previously been in full-time education** |
| **Postcode:** |       | [ ]  **I am self-employed**[ ]  **I am employed as an apprentice.**  |
| **Tel. No.** |  | **Training Provider:** |       |
| **Assessor Name:** |  | **EDRS no.** |  | **Small employer incentive** [ ]  | **Levy-paying employer** [ ]  |
| **ENROLMENT** |
| **Course Code** |  | **Learning Aim** | **Start Date** | **Planned End Date** | **GLH** |  **MIS** |
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| **APPRENTICESHIP PAYMENTS / COURSE FEES** |
| **TNP1 (Total Negotiated Price – Training) or Course Fee** |  | **TNP2 – End Point Assessment:** |  |
| **Amount to be invoiced – Employer:** |  | **Assessed by staff (name):** |  |
| **LEARNER CONSENT AGREEMENT** |
| **Please ensure that you are given a copy of the RALSS Learning Agreement included in the Learner Handbook and you read and understand the terms and conditions. If you are under 19 at the start of your programme of learning, the College may contact your parents/guardians regarding your academic performance, attendance, punctuality or behaviour.** |
| **DECLARATION** |
| [ ]  My course has been agreed with guidance from a member of the Work-based Learning Team, and I certify that all of the information I have given on this form is correct to the best of my knowledge.[ ]  I understand that I am responsible for informing RALSS if my circumstances change.[ ]  I agree to abide by the rules and regulations as set out in the Learning Agreement and Learner Handbook.[ ]  I agree to RALSS processing personal data contained on this form, or other data which the provider may obtain from me or other people whilst I am a student for any purpose connected with my studies or my health and safety whilst on the premises, or for any other legitimate reason under data protection legislation. |
| **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 [ ]  For surveys and research[ ]  By post [ ]  By phone [ ]  By email |
| **Learner Signature:** |  | **Date:** |  |
| **Staff Signature:** |  | **Date:** |  |