

<b>Title:</b> Mr. Mrs. Ms. Miss Other		<b>Date of Birth:</b>  Male Female Other	
<b>Forename(s):</b>		<b>Surname/Family Name:</b>	
<b>Home Address:</b>		<b>Phone Numbers:</b>	
		<b>Email:</b>	
<b>Postcode:</b>	Postcode check: N-D D	<b>Would you like to join our course brochure mailing list?</b> Yes No	
<b>If you would like to nominate someone for us to contact in an emergency, please give their details below:</b> Name:  Relationship to you:  Contact Number(s):  <b>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)?</b> Yes No - Please specify If your answer is 'no', please contact us for more information.		<b>What is your nationality?</b>	
		<b>Please choose the option that best describes your ethnic group/background:</b>	
<b>How did you hear about us?</b> Our website Facebook Twitter Instagram Word of mouth Returning learner. Course brochure (printed.) Course brochure (emailed) Other – please specify.		<b>White</b> English/Welsh/Scottish Northern Irish/British Irish Gypsy or Irish Traveller Any other White background <b>Mixed / Multiple Ethnic Groups</b> White and Black Caribbean White and Black African White and Asian Any other Mixed/ Multiple Ethnic background <b>Other Ethnic Group</b> Arab Any other Ethnic group	<b>Asian / Asian British</b> Indian Pakistani Bangladeshi Chinese Any other Asian <b>Black / African / Caribbean / Black British</b> African Caribbean Any other Black /African /Caribbean background <b>Other:</b>  <b>I am a care leaver</b>
<b>Do you have a difficulty that may affect your learning? No</b> If yes, please specify the difficulty or disability. Vision Hearing Other physical disability Mobility Temporary disability after illness Dyslexia Moderate Learning Difficulty Social & Emotional Speech, Language & Communication Asperger's Syndrome Autism Spectrum Disorder Mental Health Prefer not to say Other specific learning difficulty or medical condition (please describe) If your answer is 'yes', please also discuss your additional needs with your tutor or contact reception to discuss with an advisor.			
<b>Privacy Notice</b> 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) to inform learners about the Individualised Learner Record (ILR) and how their personal information is used in the ILR. Your personal information is used by the DfE to exercise our functions under article 6(1)(e) of the UK GDPR and to meet our statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009. The ILR collects data about learners and learning undertaken. Publicly funded colleges, training organisations, local authorities, and employers (FE providers) must collect and return the data to the ESFA each year under the terms of a funding agreement, contract or grant agreement. It helps ensure that public money distributed through the ESFA is being spent in line with government targets. It is also used for education, training, employment, and well being purposes, including research. We retain ILR learner data for 3 years for operational purposes and 66 years for research purposes. For more information about the ILR and the data collected, please see the ILR specification at <a href="https://www.gov.uk/government/collections/individualised-learner-record-ilor">https://www.gov.uk/government/collections/individualised-learner-record-ilor</a> ILR data is shared with third parties where it complies with DfE data sharing procedures and where the law allows it. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact learners to carry out research and evaluation to inform the effectiveness of training. In these cases, it is part of our statutory duties and we do not need your consent. The information you supply is used by the Learning Records Service (LRS). The LRS issues Unique Learner Numbers (ULN) and creates Personal Learning records across England, Wales and Northern Ireland, and is operated by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE). For more information about how your information is processed, and to access your Personal Learning Record, please refer to: <a href="https://www.gov.uk/government/publications/lrs-privacy-notices">https://www.gov.uk/government/publications/lrs-privacy-notices</a>			
I have been made aware of the <b>Privacy Notice</b> 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

**If you're enrolling onto a Paediatric First Aid or Emergency First Aid at Work course, please tell us how many hours per week you're in paid employment**

**How long with this employer:**

**0-3 months**

**4-6 months**

**7-12 months**

**12+ months**

**Payment Information**

Please call 01572 758 122 to pay by card.

Cheques should be made payable to Rutland County Council.

Please note: refunds are only available up to 1 week before the start date, unless covered by the Refunds Policy.

**If claiming fee remission:**

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)

Receiving payments for: (tick all that apply)

JSA

ESA

Council Tax Benefit

Working Tax Credits

Universal Credit

Income Support

Pensions Guarantee Credit

**Declarations**

I declare that the **information given is accurate** at the time of completing this 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.*

I understand that a **separate record of my enrolments and transactions** will be kept accurately and up to date by RALSS and that I can view this, on request, in order to verify these details.

Learner Name /  
Signature:

Staff name:

Date:



**[Learner Handbook Agreement \(click here to open\)](#)**

I agree to read the contents and retain the booklet for reference until the end of my course(s) and understand that I am able to access the remaining policies from the RALSS website or, on request, from the Reception Office.

**Please complete, sign and return this form to [adultlearning@rutland.gov.uk](mailto:adultlearning@rutland.gov.uk)**

Or to Rutland Adult Learning, Unit 16a, Gate 2, Oakham Enterprise Park, Ashwell Road, Oakham, LE15 7TU

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.