

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Forename(s):		Surname/Family Name:	
Home Address:		Landline:	
		Mobile:	
		Email:	
Would you like to join RALSS' mailing list? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you lived permanently in the UK for at least the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No - please discuss this with us`			
Emergency Contact Details <i>[OPTIONAL]</i>		What is your ethnicity?	
Name:		<b>White</b> <input type="checkbox"/> English/Welsh/Scottish/ Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background	
Relationship to me:		<b>Asian / Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background	
Phone number(s):		<b>Mixed / Multiple ethnic group</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / Multiple Ethnic background <b>Other ethnic group</b> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group	
<b>How did you hear about RALSS?</b> <input type="checkbox"/> Internet search <input type="checkbox"/> Word of mouth <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> Printed course guide <input type="checkbox"/> Emailed course guide <input type="checkbox"/> I am a returning learner <input type="checkbox"/> My employer <input type="checkbox"/> Other – please specify:		<b>Black / African / Caribbean / Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background	
<b>Do you have a difficulty, disability or health problem that may affect your learning?</b> <input type="checkbox"/> Yes (please specify below) <input type="checkbox"/> No <b>If 'yes', do you have or have you had an EHCP, Statement of Special Educational Needs or similar?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Profound complex disabilities <input type="checkbox"/> Social and emotional difficulties <input type="checkbox"/> Mental health difficulty <input type="checkbox"/> Moderate Learning Difficulty <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Temporary disability after illness <input type="checkbox"/> Speech, Language and Communication <input type="checkbox"/> Other physical disability <input type="checkbox"/> Other disability <input type="checkbox"/> Other specific learning difficulty <input type="checkbox"/> Other learning difficulty <input type="checkbox"/> Other medical condition <input type="checkbox"/> Prefer not to say			
<b>Are you in paid employment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No – I am looking for / available to start work <input type="checkbox"/> No – I'm not looking for / available to start work (including retired) <b>If you are in paid employment:</b> How many hours per week are you employed? <input type="checkbox"/> up to 10 <input type="checkbox"/> 11 – 20 <input type="checkbox"/> 21 – 30 <input type="checkbox"/> 31+ How long have you been employed for? <input type="checkbox"/> less than 3 months <input type="checkbox"/> 4 – 6 months <input type="checkbox"/> 7 – 12 months <input type="checkbox"/> 12+ months <b>If you are unemployed (including retired), how long have you been unemployed for?</b> <input type="checkbox"/> less than 6 months <input type="checkbox"/> 6 – 11 months <input type="checkbox"/> 12 – 23 months <input type="checkbox"/> 24 – 35 months <input type="checkbox"/> 36+ months			
<b>Fee Remission and Funding:</b> <input type="checkbox"/> I have a gross household income of less than £27,000 per year <input type="checkbox"/> I receive, or am the unwaged dependent of someone who receives, state benefits (tick all that apply): <input type="checkbox"/> JSA <input type="checkbox"/> ESA <input type="checkbox"/> Council Tax Reduction <input type="checkbox"/> Working Tax Credits <input type="checkbox"/> Universal Credit (UC) <input type="checkbox"/> Income Support <input type="checkbox"/> Pensions Guarantee Credit <b>If you are enrolling onto a qualification course, please also tick all that apply*:</b> <input type="checkbox"/> My annual gross salary is less than £20,319 <input type="checkbox"/> I receive other state benefits (please specify): <input type="checkbox"/> I am the sole adult in my benefit claim and my take-home pay, excluding UC payments and other benefits, is less than £617 a month <input type="checkbox"/> I have a joint benefit claim with my partner and my take-home pay, excluding UC payments and other benefits, is less than £988 a month <i>*we may require supporting evidence e.g. a wage slip, employment contract or UC statement</i>			

**Your previous qualifications (qualification learners only):**

- Level 1 Functional Skills English       Level 2 Functional Skills English       GCSE English – grade:  
 Level 1 Functional Skills Maths       Level 2 Functional Skills Maths       GCSE Maths – grade:
- No formal qualifications     Entry level     Level 1\*     Level 2     Full Level 2\*\*     Level 3     Full Level 3\*\*\*  
 Level 4 (includes Certificates of Higher Education)     Level 5 (includes Foundation degrees)     Level 6 (includes Bachelor's degrees)  
 Level 7 and above (includes Masters degrees and Doctorates)     Other qualification, level not known     Not known

\* includes GCSE/O Level at D-G or fewer than 5 at A\*-C/9-4)    \*\*includes 5+ GCSEs at C/4 or above, 2 or 3 AS Levels, 1 A Level, 5+ CSEs at Grade 1, NVQ Level 2  
\*\*\* includes 2 A Levels, 4+ AS Levels, NVQ Level 3

**Your National Insurance number (qualification learners only):**

**RALSS staff checks (qualification learners only):**

- Learner's identity verified      ID seen:      Verified by (initials):  
 LRS checked       Certificates seen      Verified by (initials):  
Funding entitlement evidence:      Verified by (initials):

**Learner Declarations**

I have read RALSS' Learner Handbook ([click here to open](#)) and agree to RALSS' terms and conditions, policies and the ESFA Privacy Notice. *Please ask if you would like a printed copy of the handbook to read before enrolling.*



- I understand that failing to comply with the terms and conditions in the Learner Handbook may result in me losing my place on a course with no refund given.
- I declare that the information I've provided is accurate and will inform RALSS of any changes during my period of learning.
- I understand that a separate record of my enrolments and transactions will be kept by RALSS, and that I can view this on request.

<b>Learner Name / Signature:</b>		<b>RALSS staff:</b>		<b>Date:</b>
----------------------------------	--	---------------------	--	--------------

Please complete, sign and return this form to [adultlearning@rutland.gov.uk](mailto:adultlearning@rutland.gov.uk) or Rutland Adult Learning, Unit 16a, Gate 2, Oakham Enterprise Park, Ashwell Road, Oakham, LE15 7TU

**Your place is not secure until payment has been received.**

*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.*