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ADULT COMMUNITY LEARNING Enrolment Form 2016-2017

We recommend that you contact your local Adult Community Learning Centre for course information, advice and guidance prior to completing this enrolment form.

Office Use Only	
Learner reference no:	Date Input / /
Evidence seen for ALL courses: Driving licence <input type="checkbox"/> Bank details <input type="checkbox"/> NI card <input type="checkbox"/> Passport <input type="checkbox"/> ID card <input type="checkbox"/>	Initials Date received LA / / ULN
Returning learner (non voc courses only within academic year) <input type="checkbox"/>	Audit checked by Initials Date / /
Other (please state below) <input type="checkbox"/>	JCP mandated <input type="checkbox"/>
ID checked by (signature) _____ Date / /	

1. Personal Details (Please print clearly)

Title	First Name(s)	Surname/Family Name(s)		
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth Date Month Year	National Insurance No.		
Address				
				Postcode
Telephone Day	Telephone Evening	Mobile		
Email Address				
Emergency Contact Details				
Name	Telephone No	Relationship		

2. Eligibility

Have you been continuously living in the UK/EEA/EU as a resident for the last 3 years?	YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered YES please go to section 3
Are you a family member of a UK/EEA/EU citizen who has been living in the UK for the last 3 years?	YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered YES please go to section 3
If you have answered NO to both of the above, please contact a member of the Adult Community Learning Customer Service staff regarding eligibility.	

3. Course Information

Course Code	Course Title	Day Of Week	Learner Start Date	Course Fee Payable	Exam/Admin Fee
			/ /	£	£
			/ /	£	£
			/ /	£	£

4. Difficulties and Disabilities

Do you consider yourself to have a disability that may affect your learning? Yes No

If you have answered YES please specify below

Visual impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	Disability affecting mobility <input type="checkbox"/>	Mental ill health <input type="checkbox"/>
Other physical disability <input type="checkbox"/>	Temporary disability after illness <input type="checkbox"/>	Speech/Language and Communication needs <input type="checkbox"/>	Profound complex disability <input type="checkbox"/>
Asperger Syndrome <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Other medical condition please state:	

Do you consider yourself to have a learning difficulty that may affect your learning? Yes No

If you have answered YES please specify below


Dyslexia <input type="checkbox"/>	Autism spectrum Disorder <input type="checkbox"/>	Moderate learning difficulty <input type="checkbox"/>	Other please specify
Dyscalculia <input type="checkbox"/>	Severe learning difficulty <input type="checkbox"/>	Social and emotional difficulties <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

5. Qualifications for all learners

Tick your highest qualification achieved in any subject

No previous qualifications <input type="checkbox"/>	Entry Level <input type="checkbox"/> (Certificate at Entry Level)	Level 1 <input type="checkbox"/> (NVQ 1, Clait, 1-4 GCSEs A-C grade, 1 AS Level)	Full Level 2 <input type="checkbox"/> (5 or more GCSEs A-C, NVQ 2, 2 or 3 AS Levels, 1 A Level)	Full Level 3 <input type="checkbox"/> (2 or more A levels at Advanced Level, NVQ 3)
Level 4 (HNC) <input type="checkbox"/>	Level 5 (HND) <input type="checkbox"/>	Level 6 or above (Diploma level 6) <input type="checkbox"/>	Other qualification Level not known <input type="checkbox"/>	

6. Employment (please tick which applies to your current status)

Employed less than 16hrs a week <input type="checkbox"/>	Unemployed, and not looking for work <input type="checkbox"/>	Unemployed less than 6 months <input type="checkbox"/>
Employed 16-19hrs a week <input type="checkbox"/>	Unemployed, looking and available for work <input type="checkbox"/>	Unemployed for 6-11 months <input type="checkbox"/>
Employed 20hrs or more a week <input type="checkbox"/>	If you have ticked 'Unemployed', please state number of months opposite 	Unemployed for 12-23 months <input type="checkbox"/>
Self employed Hours per week? <input type="checkbox"/>		Unemployed For 24-35 months <input type="checkbox"/>
Retired and not looking for work <input type="checkbox"/>		Unemployed Over 36 months <input type="checkbox"/>

Prior to your enrolment, were you either in full time education or full time training?

Yes No

7. Ethnic origin (please tick which best describes your cultural background)				
White	Mixed	Asian or Asian British	Black or Black British	Arab or Other
English/Welsh, Scottish/Northern Irish/British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	African <input type="checkbox"/>	Arab <input type="checkbox"/>
	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	
Traveller/Gypsy <input type="checkbox"/>	Other Mixed <input type="checkbox"/>	Chinese <input type="checkbox"/>		
Other White Background <input type="checkbox"/>		Other Asian <input type="checkbox"/>		

8. Where did you hear about Adult Community Learning?				
ACL Brochure <input type="checkbox"/>	NLC Website <input type="checkbox"/>	Local Link/Library <input type="checkbox"/>	Family Learning event <input type="checkbox"/>	Other Training Provider <input type="checkbox"/>
ACL Centre <input type="checkbox"/>	Other Website <input type="checkbox"/>	Tutor <input type="checkbox"/>	Job Centre Plus <input type="checkbox"/>	Other <input type="checkbox"/>
Family/Friend <input type="checkbox"/>	School/Children's Centre <input type="checkbox"/>	Poster/Leaflet <input type="checkbox"/>	Employer <input type="checkbox"/>	

9. Concessionary Fee Eligibility (please tick appropriate box). Evidence MUST be provided	
Learner in receipt of Jobseeker's Allowance (All courses) <input type="checkbox"/>	* Learner in receipt of Employment Support Allowance (income related) (Non qualification courses only) OR unwaged dependant <input type="checkbox"/>
Learner in receipt of Employment Support Allowance (WRAG) (All courses) <input type="checkbox"/>	* Learner aged 60- 64 and not in full time employment (Half course fee remission) (Non qualification courses only) <input type="checkbox"/>
Unemployed and receiving Universal Credit and mandated for training (All courses) <input type="checkbox"/>	* Learner aged 65 or over at enrolment (Non qualification courses only) <input type="checkbox"/>
In receipt of 19+ learning loan (Level 3 and above qualification courses only) <input type="checkbox"/>	* Learner aged 60 or over and in receipt of Pension Guarantee Credit (Non qualification courses only) <input type="checkbox"/>
Aged 19-23 on 31/08/2016 (Studying for their first full level 2 or full level 3 qualification course) <input type="checkbox"/>	* Learner in receipt of Council Tax or Housing Benefit (Excluding single persons relief) (Non qualification courses only) OR unwaged dependant <input type="checkbox"/>
If studying English or Maths, are you receiving a State Benefit? Yes <input type="checkbox"/> No <input type="checkbox"/>	* Learner In receipt of Working Tax Credit (Non qualification courses only) OR unwaged dependant <input type="checkbox"/>
If Yes, please state below	* Learner In receipt of Universal Credit (Non qualification courses only) <input type="checkbox"/>

Office use only

Evidence seen: Checked by: Date / /

All proof of benefit must be current, a letter dated no more than 3 months before enrolment is acceptable.
 (A JSA booklet is not acceptable proof)
 * £5.00 admin fee applies

10. Payment of Fees

Who is paying your fees? Self Employer/Agency Other funding No fees

If you have ticked 'Employer/Agency', please include a letter from them confirming they will pay for the course.

Method of payment: Cash Cheque
 Credit Card Debit Card
 Applied for Discretionary Learner Support Funding

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Amount paid £

Receipt no.

Date paid / /

Some courses are available to be paid by instalments
 (At administrator's discretion on enrolment).

Do you wish to pay by instalments? Yes No

This applies to courses over £50.00 (excl exam/admin fees).
 Instalments must be paid by the due dates and by signing
 this enrolment form you are agreeing to this commitment.

Deposit paid £

Receipt no.

Date paid / /

Cash

Cheque

Debit card

Credit card

1st Instalment £ Due date / /

Date paid / /

Receipt no

11. Declaration

I have received/read a copy of ACL Fees & Charges Policy and Terms & Conditions and agree to abide by them.

I have received a copy of the Course Details.

Privacy Notice

How we use your personal information.

The personal information you provide is passed to the Chief Executive of Skills Funding Agency, and the Department for Business, Innovation and Skills. Where necessary it is also shared with the Department for Education, including the Education Funding Agency. The information is used for the exercise of functions of these government departments, and to meet 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). The information you provide may be shared with other organisations for education and training, employment and well-being related purposes, including for research.

You may be contacted by the English European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme.

You can opt out of contact for other purposes by ticking any of the following boxes if you wish not to be contacted:

I withhold permission to be contacted about Courses and Learning Opportunities.

I withhold permission to be contacted for Surveys and Research.

I withhold permission to be contacted by: Telephone Post Email

Further information about use of and access to personal data is available at:

<http://www.gov.uk/government/publications/sfa-privacy-notice>

I declare that the information stated on the form is correct and undertake to inform Adult Community Learning should there be any changes in circumstances during my period of study.

Signature of Learner

Date / /

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Enrolment form checked by – ACL staff name Date / /

Refund given to learner: Date / / Amount £.....

Reason Inits Cash/Cheque/Card Refund ref no