

**Personal Details** Unique Learner Number:           NI Number:

Title: Mr / Mrs / Ms / Dr / Other \_\_\_\_\_ Gender: Male  Female  Date of Birth:

Family Name: \_\_\_\_\_ Age as at 31st August 2009: \_\_\_\_\_

First Name (s): \_\_\_\_\_ Home Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Tel. No: \_\_\_\_\_

\_\_\_\_\_ Work Tel. No: \_\_\_\_\_

\_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Postcode:       Emergency Contact Tel. No: \_\_\_\_\_

Local Council: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Which course(s) would you like to apply for? \_\_\_\_\_

Why do you want to do this course?  to get a job  to change my job  to improve my current job prospects  other

**Equality and Diversity Data**

**Ethnicity (L12) - I would consider myself as being - Please tick (√)**

11	Asian or Asian British – Bangladeshi	<input type="checkbox"/>	12	Asian or Asian British – Indian	<input type="checkbox"/>	13	Asian or Asian British – Pakistani	<input type="checkbox"/>
14	Asian or Asian British – any other Asian background	<input type="checkbox"/>	15	Black or Black British – African	<input type="checkbox"/>	16	Black or Black British – Caribbean	<input type="checkbox"/>
17	Black or Black British – any other Black background	<input type="checkbox"/>	18	Chinese	<input type="checkbox"/>	19	Mixed – White and Asian	<input type="checkbox"/>
20	Mixed – White and Black African	<input type="checkbox"/>	21	Mixed–White and Black Caribbean	<input type="checkbox"/>	22	Mixed – any other Mixed background	<input type="checkbox"/>
23	White – British	<input type="checkbox"/>	24	White – Irish	<input type="checkbox"/>	25	White – any other White background	<input type="checkbox"/>
98	Any other (please state) _____					Office Use Only: Not Provided <input type="checkbox"/>		

**The following information is required by the College so that we can help while you are studying. We need to know this before you start your course so that we can set up any support you may need.**

**Disability (L15) - Do you consider that you have a disability/health problem? Please tick (√)** Yes  No

01	Visual Impairment	<input type="checkbox"/>	02	Hearing Impairment	<input type="checkbox"/>	03	Disability affecting mobility	<input type="checkbox"/>	04	Other physical disability	<input type="checkbox"/>
05	Any other medical condition (e.g. epilepsy/diabetes/asthma)			<input type="checkbox"/>	06	Emotional/behavioural difficulties	<input type="checkbox"/>	07	Mental health difficulty		
08	Temporary disability after illness or accident			<input type="checkbox"/>	09	Profound/complex disabilities	<input type="checkbox"/>	10	Aspergers syndrome		
90	Multiple disabilities	<input type="checkbox"/>	97	Other disability _____							

**Learning Difficulty (L16) - Do you consider that you have a learning difficulty? Please tick (√)** Yes  No

01	Moderate learning difficulty	<input type="checkbox"/>	02	Severe learning difficulty	<input type="checkbox"/>	10	Dyslexia	<input type="checkbox"/>	11	Dyscalculia	<input type="checkbox"/>
19	Other specific learning difficulty (please state) _____						<input type="checkbox"/>	20	Autism spectrum disorder		
90	Multiple learning difficulties (please state) _____						<input type="checkbox"/>	97	Other _____		

Would you like to discuss any support you may require in confidence with the College Disability Officer Yes  No

**Residential Status** Have you been living in the UK or any other EU/EEA country for the past 3 years? Yes  No

If not, which country have you been living in for the past 3 years? \_\_\_\_\_ Office Use Only: Country of Domicile (L24) - Code

Do you have a present visa stamp? If so please tick (√) which one.

Work Permit  Student Visa  Settlement  Dependant  Spouse  Indefinite leave to remain  Specify Other: \_\_\_\_\_

Do you have any of the following? If so please tick (√) which one.

Exceptional Leave to Remain  Humanitarian Protection  Discretionary Leave  Refugee Status  Asylum Seeker Status

# Employment and Qualification Details

Office Use	06	Economically Inactive	
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To be completed by all students, including General Interest.

## Employment Information - What is your current employment status? Please tick ( ✓ ) one. E12/13

01	In Secure Employment	<input type="checkbox"/>	02	Full Time Education or Training	<input type="checkbox"/>	03	Self Employed	<input type="checkbox"/>
04	Unemployed	<input type="checkbox"/>	05	Still at School	<input type="checkbox"/>	A2	Threatened with Redundancy	<input type="checkbox"/>

## If unemployed - How long have you been unemployed? Please tick ( ✓ ) one. E14

01	Less than 6 months	<input type="checkbox"/>	02	6-11 months	<input type="checkbox"/>	03	12-23 months	<input type="checkbox"/>
04	24-35 months	<input type="checkbox"/>	05	Over 36 months	<input type="checkbox"/>	R	Retired	<input type="checkbox"/>

## If employed - Which of the following best describes your employers main business activity? Please tick ( ✓ ) one. E11

01	Agriculture	<input type="checkbox"/>	07	Health & Education Services	<input type="checkbox"/>	13	Services (Other)	<input type="checkbox"/>
02	Banking & Business Services	<input type="checkbox"/>	08	Manufacturing (Other)	<input type="checkbox"/>	14	Textiles & Clothing	<input type="checkbox"/>
03	Construction	<input type="checkbox"/>	09	Metals & Mineral Products	<input type="checkbox"/>	15	Transport & Communications	<input type="checkbox"/>
04	Distribution, Hotels and Related	<input type="checkbox"/>	10	Mining and Related	<input type="checkbox"/>	16	Utilities (Gas, Electricity & Water)	<input type="checkbox"/>
05	Engineering	<input type="checkbox"/>	11	Professional Services	<input type="checkbox"/>	17	Chemicals	<input type="checkbox"/>
06	Food, Drink & Tobacco	<input type="checkbox"/>	12	Public Administration & Defence	<input type="checkbox"/>	97	Other	<input type="checkbox"/>

## What is the size and type of your employer? Please tick ( ✓ ) one. E15

01	Public Sector Organisation	<input type="checkbox"/>	03	Large Organisation (250 or more employees)	<input type="checkbox"/>			
04	Micro SME (1-9 employees)	<input type="checkbox"/>	05	Small SME (10-49 employees)	<input type="checkbox"/>	06	Medium SME (50-249 employees)	<input type="checkbox"/>

## Qualification Information

Please can you tell us which School/College/University you last attended. (\*delete as appropriate)

\*School/College/University \_\_\_\_\_ Year left/leaving \_\_\_\_\_

**If you do not have any qualifications please tick ( ✓ ) here**

Please tell us about the examinations you have taken. We need to know the exam results of all the subjects taken (eg GCSE Maths, Grade C, City & Guilds 236 pass/fail). If you took your examinations in another country, please give details of the actual examinations taken and the country.

Subject and Level	Examination Board	Result/Grade	Date Taken	Country if not UK	Office Use (entry codes)	Confirmed by

## Level 2/Level 3\*\* Entitlement Declaration

I confirm that the qualification information above is correct and I declare that I do not already have a full Level 2/Level 3\*\* or higher qualification. I confirm that I intend to continue my learning programme to achieve a full Level 2/Level 3\*\* qualification. I understand that if I have declared false information, action may be taken to reclaim the tuition fees and any associated costs from me. (\*\*Delete as appropriate)

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Course Details (Shaded Area for Office Use Only)**

Course Title	Course Code	Learner Start Date	Expected End Date	Total Guided Learning Hours	Actual Tuition Fee	Exam Fee	Tutor Initials for Acceptance onto the Course
<b>Totals</b>					£	£	

**Course Fees** Who is paying your course fees? You  Your Employer\*  Training Provider\*  School\*  Other\*

\*Please invoice my employer/training provider/school.

Please complete the details below and provide a letter confirming that your fees will be met by your employer/training provider/school.

Sponsor Name		Sponsor Code (if known)	
Sponsor Address		If the sponsor letter is not available at the time of enrolment then the student will be responsible for their fees.	
Sponsor Telephone No.			

Do you have a Greenwich Card? Yes  No

If yes, please give the card number: \_\_\_\_\_ and expiry date: \_\_\_\_\_

**Concessions**

Are you (or your partner) receiving any of the following benefits? If so please tick (✓) the appropriate box(es). You will need to provide evidence of these benefits, which must dated within the last 3 months, in order to qualify for fee remission on tuition fees. Those marked\* do not qualify for fee remission.

01	Aged 16-18	<input type="checkbox"/>	04	Income Support	<input type="checkbox"/>	04	Council Tax Benefit	<input type="checkbox"/>
04	Housing Benefit	<input type="checkbox"/>	08	Unwaged Dependant of 04, 15 or 21	<input type="checkbox"/>	09	Skills for Life Course (not ESOL)	<input type="checkbox"/>
14	Asylum Seeker	<input type="checkbox"/>	15	Jobseekers Allowance	<input type="checkbox"/>	23	Pensions Guarantee Credit	<input type="checkbox"/>
21	Working Tax Credit	<input type="checkbox"/>	99	None*	<input type="checkbox"/>	99	Senior Citizen's Pension*	<input type="checkbox"/>
22	Level 2 Entitlement (Declaration signed)	<input type="checkbox"/>	24	19-25 Level 3 Entitlement (Declaration signed)	<input type="checkbox"/>			<input type="checkbox"/>

**Fee Assessment - For Office Use Only**

Copies of supporting documents checked and attached: Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Total Tuition Fees (b/forward from Course Details)</b>	£		Fee Band
<b>Registration Fee (for students on Qualification Courses)</b>	£		
<b>Creche Fee</b>	£		
<b>Total Examination Fees</b>	£		
<b>Total Fees Due</b>	£		Finance
<b>Less Fee Paid</b>	£		
<b>Amount Outstanding</b>	£		

EBS Ref:

BOOK/RECEIPT NO.

Enrolment taken by: \_\_\_\_\_ Date: \_\_\_\_\_ Input By: \_\_\_\_\_ Date: \_\_\_\_\_

**Marketing** – Please help us to monitor our marketing and publicity by indicating how you heard about the College. Please tick ( ✓ )

FF	Friend/Family	<input type="checkbox"/>	OD	Open Day/Evening	<input type="checkbox"/>	NEW	Newspaper/Magazine	<input type="checkbox"/>
BP	Banner/Poster	<input type="checkbox"/>	EMP	Employer	<input type="checkbox"/>	WEB	College Website	<input type="checkbox"/>
SCH	School	<input type="checkbox"/>	LIB	Library	<input type="checkbox"/>	INT	Other Website	<input type="checkbox"/>
CON	Connexions	<input type="checkbox"/>	LF	Leaflets/Flyers/Posters	<input type="checkbox"/>	LD	LearnDirect	<input type="checkbox"/>
HOT	Course Directory (e.g. Hotcourses, Floodlight)	<input type="checkbox"/>	STA	College Stand (e.g. Careers Fayre, Festival)	<input type="checkbox"/>	CEU	Community Education	<input type="checkbox"/>

**Data Protection Statement 2009/2010**

Data Protection Act 1998 – The information you provide will be passed to the Learning and Skills Council (the LSC). The LSC is responsible for funding, planning and encouraging education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include, the Department for Children, Schools and Families, the Department for Innovation, Universities and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC also administers the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN). The LSC is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and the ULN and what they do, may be found at [www.lsc.gov.uk/providers/Data/help/](http://www.lsc.gov.uk/providers/Data/help/) and by following the links to data protection.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you.

1. (3) Please tick this box  if you do not wish to be contacted about courses or learning opportunities by post.
2. (4) Please tick this box  if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England.

**Learning Agreement Statement**

I agree that the aims of the above learning programme, and the implications of the course(s), including the number of weekly/guided learning hours have been discussed and accepted by me. I agree to attend college regularly and to notify the College of any absences. I agree to complete coursework, homework and examinations as required.

I agree to abide by College rules and to observe the College's code of conduct for students.

I agree to pay any registration/tuition/examination/instalment fees on time, and also for any travel, books and special equipment needed. I accept that the registration/examination/enrolment fees can only be refunded if my course is closed by the College.

I agree to notify the College immediately if I have any change in my personal circumstances which may affect the information I have provided for enrolment purposes, including entitlement to benefits or employment status, and also if my parents'/guardians' circumstances change.

I certify that the information I have given on this form is both true and correct.

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tutor Signature: \_\_\_\_\_ Tutor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**POSTAL ENROLMENTS ONLY—DO NOT COMPLETE THIS SECTION IF YOU ARE PAYING AT THE COLLEGE**

Payment by Cheque / PO / Switch / Delta / Visa / Access Card No.

Name on Card: \_\_\_\_\_ Valid From:     Expiry Date:     Switch Issue No:

Cardholder's Full Name (if different from applicant): \_\_\_\_\_

Cardholder's Signature (if different from applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Address (if different from applicant): \_\_\_\_\_



This activity has been directly or indirectly part-financed by the European Union through European Social fund-helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources.