

ADULT LEARNING – ENROLMENT FORM

PLEASE USE BLACK/BLUE INK & BLOCK CAPITALS PLEASE COMPLETE BOTH SIDES

PERSONAL DETAILS

First Names (in full)		Family Name
Title (Mr/Mrs/Ms/Miss)	Gender	Date of Birth
Home Address		Post Code
Telephone Number (Home)		Telephone Number (Work)
Telephone Number (Mobile)		Email address
Emergency contact (Name)		Emergency contact (Tel No.)
<input type="checkbox"/> I am a Linking Learner	<input type="checkbox"/> I am a Linking Volunteer	<input type="checkbox"/> Working in the Voluntary Sector

DISABILITY AND ADDITIONAL SUPPORT

We want to ensure that you get the most from your Adult Learning course and are pleased to offer support to assist you.

I have a medical condition or disability I have a learning difficulty

If you have indicated a medical condition, disability and/or learning difficulty, please tell us how we can best help you with your learning:

WHAT IS YOUR NATIONALITY?

English Welsh Scottish Northern Irish Other (please specify)

Where have you lived for the last 3 years? England Wales Scotland Northern Ireland

Other (please specify)

Have you been resident (settled) in the UK or an EU country for at least 3 years immediately prior to the start of your proposed course?

Yes No (Please note evidence of residency (settlement) may be required to support this declaration.) If 'No', please answer the questions below.

Date of entry into the UK _____ Is English your first language Yes No

What type of visa do you have in your passport? _____ If No what is your first language? _____

When does this visa expire? _____ What English language qualification do you have? _____

Means of identification (please tick)

Passport Driving Licence ID card/other national ID Benefits Document

Examination Certificates Bank/credit/debit card Other None

QUALIFICATIONS & EXAMINATIONS (Please indicate which best describes your current qualifications level)

Level 0 (no formal qualifications) Level 3 (2 or more A Levels or equivalent)

Below Level 1 (other qualifications) Level 4 (first degree)

Level 1 (GCSEs grade D or below) Level 5 (post graduate qualification)

Level 2 (5 GCSEs at grade C or above or up to 3 AS Levels) Other qualification, level not known

ETHNIC ORIGIN Please indicate which best describes your ethnicity?

<input type="checkbox"/> Asian or Asian British – Bangladeshi	<input type="checkbox"/> Black or Black British – any other Black background	<input type="checkbox"/> Mixed – any other mixed background
<input type="checkbox"/> Asian or Asian British – Indian	<input type="checkbox"/> Arab	<input type="checkbox"/> White – British
<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> Chinese	<input type="checkbox"/> White – Gypsy or Irish Traveller
<input type="checkbox"/> Asian or Asian British – any other Asian background	<input type="checkbox"/> Mixed – White and Asian	<input type="checkbox"/> White – Irish
<input type="checkbox"/> Black or Black British – African	<input type="checkbox"/> Mixed – White and Black African	<input type="checkbox"/> White – Any other White background
<input type="checkbox"/> Black or Black British – Caribbean	<input type="checkbox"/> Mixed – White and Black Caribbean	<input type="checkbox"/> Other

ADULT LEARNING – ENROLMENT FORM

PLEASE USE BLACK/BLUE INK & BLOCK CAPITALS PLEASE COMPLETE BOTH SIDES

HOW DID YOU HEAR ABOUT US? Please tick any that apply

<input type="checkbox"/> Unknown	<input type="checkbox"/> Brochure from Library etc.	<input type="checkbox"/> Contacted by Provider	<input type="checkbox"/> Hot Courses
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Website	<input type="checkbox"/> Referral from other provider	<input type="checkbox"/> Targeted mailing
<input type="checkbox"/> Enquiry	<input type="checkbox"/> Employer	<input type="checkbox"/> Event	<input type="checkbox"/> Newspaper/Magazine advert
<input type="checkbox"/> Brochure delivered to door	<input type="checkbox"/> School	<input type="checkbox"/> Existing Learner	

COURSE CODE	COURSE TITLE	DAY	FEE PAID

PAYMENT METHOD
Poole courses: Cheques should be made payable to Borough of Poole. American Express and Diners Club International are not accepted.
Bournemouth courses: Cheques should be made payable to Bournemouth Borough Council

Please tick Cash Cheques MasterCard/Visa Switch/Delta

Card Holder's Name	Switch Card Issue No/Valid From Date	/
	CCV/CCV2 Security Code	
Card No	Expiry Date	/ Signature

APPLICATION FOR REDUCED FEE You may be eligible for fee concessions if any of the following apply.

<input type="checkbox"/> I do not have a full Level 2	<input type="checkbox"/> I receive Housing or Council Tax Benefit	<input type="checkbox"/> I receive Disabled Person's Tax Credit
<input type="checkbox"/> I do not have a full Level 3	<input type="checkbox"/> I receive Job Seeker's Allowance (income based contribution)	<input type="checkbox"/> I am in receipt of Pension Credit – Guarantee Credit
<input type="checkbox"/> I have an Access to Leisure & Learning card	<input type="checkbox"/> I receive Income Support	<input type="checkbox"/> I receive Employment and Support Allowance
<input type="checkbox"/> I am 16-18 years of age	<input type="checkbox"/> I receive Working Tax Credit (household income of less than £15,276)	<input type="checkbox"/> I am an unwaged Dependent of a person receiving one of the benefits shown above

You must bring your original documentary evidence with your application before a place can be confirmed.

Councils are committed to continually improving services. We recognise that we need to address the diverse needs of different people in our community. We also want to address any inequality and ensure fair access to our services. In order to do this we need to ask for and keep certain information about you (and your family). Please leave any questions that you do not wish to answer.

Guidance & Notes: It is important that you complete the form as fully as possible as failure to do so may delay your enrolment. If you require help completing this form, please contact a member of staff. Data Protection Act 1998 – The information you provide on this form will be passed to the Skills Funding Agency and, where required, the Young People's Learning Agency for England (both organisations are registered under the Data Protection Act 1998) to enable those organisations to fulfil their statutory obligations, principally under the Apprenticeships, Skills, Children and Learning Act 2009.

The information you provide may be shared with other organisations for the purpose of administration, careers and other guidance, statistics and research. This will allow the Skills Funding Agency & YPLA and its partners to monitor performance, improve quality and plan future provision.

The Skills Funding Agency administers the learner registration service (LRS) which uses your learner information to create and maintain a unique learner number (ULN). Learners are required to have a ULN, if you do not have one, one will be requested for you. This will enable you to access your learner records online. No new rights to information will be available to the service as a result of having a ULN. You have the right to opt out of sharing the data on your learner record at any time. If you decide to do this then you will not be able to share your achievement data with other learning providers or employers. For more information see www.learningrecordsservice.org.uk

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

Please tick here if you do not wish to be contacted about courses or learning opportunities by post.

I certify that the information given is correct and I agree to observe the regulations of Adult Learning.

I understand that I am required to provide documentary evidence in support of any fee reduction that I am claiming with my application.

I undertake to inform Adult Learning immediately of any change in my eligibility to receive a fee reduction.

I am aware that any false declarations could result in penalties. Failure to inform Adult Learning of accurate information may result in additional fees being charged.

Please Sign Here

Today's Date

OFFICE USE ONLY	Initials	Post	Fax	Date received
		Person	Phone	

We can give you help to read or understand this information

Tel: 01202 262332 Text Relay: 18001 01202 62332 Email: infopal@poole.gov.uk