



## Enrolment Form

Title:	First Name:	Family Name:
Address:		
		Post Code:
Date of Birth: <i>(Essential Info)</i>	Telephone No: <i>(Essential info)</i>	
Email Address:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Emergency contact: Name	Relationship to you	Phone number
<b>Course Details:</b> Title	Start Date:	End Date
	Session Times:	No. wks.
		Venue:

**Do you consider yourself to be disabled?**  Yes  No **or to have a learning difficulty?**  Yes  No

Please describe your disability or difficulty so that your tutor can offer you support.  
*You can talk to your tutor in private about this if you prefer.*

**Do you consider yourself to be:**  Not working e.g. Not looking/unable to work/caring for family  Retired

In full time education  In Voluntary Work  Self Employed  Working part time  Working full time

Unemployed and seeking work (please give more details below):

**How long have been unemployed?**

Below 6 months  6-12 months  12-24 months  24-36 months  Over 36 months

**Please indicate which benefit you receive:**  JSA  ESA / WRAG  Other than JSA  Universal Credit

**Ethnic Origin *(this information is required by the Skills Funding Agency)***

White	Asian / Asian British	Black / African / Caribbean / Black British	Mixed / Multiple ethnic group Other
<input type="checkbox"/> English/ Welsh / Scottish / Northern Irish / British	<input type="checkbox"/> Indian	<input type="checkbox"/> African	<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White and Black African
<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Black / African / Caribbean background	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Any other White background	<input type="checkbox"/> Chinese		<input type="checkbox"/> Any Other Mixed / multiple ethnic background
	<input type="checkbox"/> Other Asian background		<b>Other</b>
			<input type="checkbox"/> Arab
			<input type="checkbox"/> Any other ethnic group

**Residency *(this section is only for those who have moved to the UK)***

Have you lived in the UK for 3 years as at 31/8/2015? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no: date of entry to UK (DDMMYY):
What country did you live in before?	
How long did you live there for?	
Are you a: <input type="checkbox"/> Refugee? <input type="checkbox"/> Asylum Seeker? <input type="checkbox"/> EEA Migrant Worker? (tick if applicable)	

Highest Qualification attained prior to this enrolment:	
<input type="checkbox"/> <b>Entry level</b> e.g. Basic Skills	<input type="checkbox"/> <b>Other Qualifications below level 1</b>
<input type="checkbox"/> <b>Level 1</b> e.g. NVQ 1 or GCSEs below Grade C, CSEs below Grade 1, BTEC First Certificate, GNVQ Foundation	<input type="checkbox"/> <b>Level 2</b> e.g. 5 GCSEs Grade A-C, 5 'O' Levels or CSEs Grade 1, NVQ2, ECDL
<input type="checkbox"/> <b>Level 3</b> e.g. NVQ3, 2 or more AS/A levels, BTEC National Diploma or RSA Advanced Certificate	<input type="checkbox"/> <b>Level 4</b> e.g. HNC/D, AAT4, NVQ4, HNC Professional Diploma
<input type="checkbox"/> <b>Level 5</b> e.g. Foundation Degree, HND, NVQ5 <input type="checkbox"/>	<input type="checkbox"/> <b>Other qualification, level not known</b> <input type="checkbox"/> <b>No Qualifications</b>

**This course is funded by the Skills Funding Agency via Swindon Borough Council and is provided free of charge to eligible learners. In return we need information from participants regarding how this course has helped you. This will assist us to secure future funding and provide more courses. We will contact you and conduct a short telephone survey in 3-6 months. Thank you for your help.**


The questions below relate to any other future contact. Please tick where applicable:

- I do not want to be contacted in respect of other surveys
- I do not want to be contacted in respect of other courses and learning opportunities

If we can contact you, please tick the relevant box/es indicating the methods by which you **do not want to be contacted** for surveys and learning opportunities.

- I do not want to be contacted by: **Post:**  **Telephone:**  **Email:**

**We may take photographs** during a course to use when promoting future learning activities.  
Can we take and use photographs of you? **Yes**  **No**

 **Data Protection Statement**  
**Privacy Notice: How We Use Your Personal Information**

Some of the information you supply will be used by the Skills Funding Agency to fulfill its statutory functions, issue/verify your Unique Learner Number (ULN) and update/check your Personal Learning Record. The Skills Funding Agency may share your ULN and Personal Learning Record with other education related organisations, such as colleges, universities, Government Departments and public bodies responsible for funding your education. Further details of how your information is processed and shared can be found <http://skillsfundingagency.bis.gov.uk/privacy.htm>

Your personal information will not be shared with any other agency, company or body other than those we have informed you of and will never be used for marketing or sales purposes.

**Learning Agreement:** I confirm that I have received information and advice on my chosen course and that I am satisfied with my choice. I have an outline of the course content and I understand the work I need to do to meet my chosen aim.  
Note: The Privacy Notice above applies to all information supplied.

**Learners' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TUTOR TO COMPLETE:**

I confirm all sections of this form have been completed and the information supplied is clearly written

I have checked and verified the Learners ID. **Document seen:**  
**Passport**  **Drivers Licence**  **National Insurance card/National Identity Card**   
**Bank/Credit/Debit Card**  **Other – please state:** \_\_\_\_\_

**Tutor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_