

# COMMUNITY LEARNING ENROLMENT FORM/LEARNING AGREEMENT 2015/2016

www.lincolnshire.gov.uk

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Skills  
Funding  
Agency



Family  
Learning

Lincolnshire  
COUNTY COUNCIL  
Working for a better future

The information provided in this form will be used by the learning provider and Lincolnshire County Council (LCC) to process your enrolment, arrange funding for your course through the Skills Funding Agency and to deliver the course. In addition, the information will be used by LCC to monitor service and contract delivery. LCC may share information you have provided with learning providers to ensure that the data is accurate and up to date. You can find out more about how we use your personal data in the Learner Handbook, available on our website <http://www.lincolnshire.gov.uk/lifelonglearning>.

Please complete all sections below clearly in black ink. Failure to complete the form correctly may delay your enrolment. If you require this form in a larger print size please ask your tutor or learning provider.

Course Code	Course Title	Day	Time	Venue

## 1. PERSONAL DETAILS (Fields marked with \* are mandatory)

Title (Ms, Mrs, Mr, Miss)*		Daytime tel.	
Surname*		Mobile tel.	
Forename*		Email	
Gender*	Date of Birth*		
Address		Please enter your National Insurance Number:	
		Unique Learner Number:	
Post Code*			

LCC, the Chief Executive of Skills Funding Agency and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

- Tick this box if you do not wish to be contacted in respect of surveys and research.
- Tick this box if you do not wish to be contacted about courses or learning opportunities.
- Tick this box if you consent to us taking and using your photograph for publicity purpose.  
(Please note photographic files will be stored within the Lincolnshire County Council Media Library for five years)
- Tick this box if you consent to us using your learner story for publicity purposes.

If you indicated above that you are happy to be contacted, please tell us how you would like to be contacted by ticking the relevant boxes below:

- Post       Telephone       Email

Please ensure you have provided us with the relevant information in your details above.

## 2. RE-ENROLMENT

Have you taken an Adult Learning course with Lincolnshire County Council since 1st August 2015 Yes  No

If your answer is yes and none of your details in the Sections 3-9 have changed then please go straight to Section 10 Learner Support, complete Section 10, then sign the Learner's Declaration at the end of this form.

## 3. HOW DID YOU FIND OUT ABOUT THE COURSE

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Job Centre/Employment Office | <input type="checkbox"/> Brochure                              | <input type="checkbox"/> Friend / family   | <input type="checkbox"/> Library            |
| <input type="checkbox"/> Newspaper                    | <input type="checkbox"/> Poster                                | <input type="checkbox"/> School            | <input type="checkbox"/> Children's Centre  |
| <input type="checkbox"/> Lincolnshire Show            | <input type="checkbox"/> Customer Service Centre               | <input type="checkbox"/> Returning Learner | <input type="checkbox"/> www.2aspire.org.uk |
| <input type="checkbox"/> Twitter/Facebook             | <input type="checkbox"/> Internet (Please state which Website) |  |   |
| <input type="checkbox"/> Other (please specify) _____ |  |  |   |

#### 4. APPLICATION FOR REDUCED FEE

You may be eligible for concessions if any of the following apply

- I receive Job Seeker's Allowance       I receive Employment and Support Allowance (WRAG - Work related activity group)       I receive Universal Credit
- I am unemployed and in receipt of state benefit and wish to enter employment (please specify benefit):

- I do not have a full level 2 (5 GCSEs at Grade C or above/up to 3 AS Levels)       I was aged over 65 on or before 01.08.2014       I am an offender serving my time in the community
- I am an asylum seeker in receipt of the equivalent of income-based benefit (assistance under the terms of the Immigration and Asylum 1999) and their dependents

Fee status:

- Full Fee       Concessionary Fee       Free course

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

#### 5. QUALIFICATIONS

- No formal qualifications       Level 1 (GCSEs grade D or below)       Level 4 (first degree)
- Entry level       Level 2 (5 GCSEs at grade C or above up to 3 AS-levels)       Level 5 (post graduate qualification)
- Below level 1 (other qualifications)       Level 3 (2 or more A-levels or equivalent)       Other qualification, level not known

Do you have a GCSE grade A\*-C in:      English       Yes       No      Maths       Yes       No

#### 6. CURRENT EMPLOYMENT STATUS Please select your current employment status

- Employed for less than 16 hours a week       Employed for 4 months – 6 months       Self-employed
- Employed for 16 – 19 hours a week       Employed for 7 months – 12 months       Unemployed and not looking for work
- Employed for 20 hours or more per week       Employed for more than 12 months       Unemployed and looking for work
- Employed for up to 3 months       In full time education or training prior to enrolment

If you are unemployed, please state how long you have been unemployed for:

- Less than 6 months       6 – 11 months       12 – 23 months       24 – 35 months       36 months or more

#### ABOUT YOU

This information is about you. By completing this section you are helping us to monitor our compliance with equality legislation and to ensure that your specific needs are supported when delivering this service to you.

#### 7. EQUALITY & DIVERSITY

Do you have a learning difficulty/disability ?

Yes       No      (If Yes, please tick the box below which applies to you)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 04 Visual impairment                 | <input type="checkbox"/> 11 Severe learning difficulty                    | <input type="checkbox"/> 93 Other physical disability          |
| <input type="checkbox"/> 05 Hearing impairment                | <input type="checkbox"/> 12 Dyslexia                                      | <input type="checkbox"/> 94 Other specific learning difficulty |
| <input type="checkbox"/> 06 Disability affecting mobility     | <input type="checkbox"/> 13 Dyscalculia                                   | <input type="checkbox"/> 95 Other medical condition            |
| <input type="checkbox"/> 07 Profound / complex disabilities   | <input type="checkbox"/> 14 Autism spectrum disorder                      | <input type="checkbox"/> 96 Other learning difficulty          |
| <input type="checkbox"/> 08 Social and emotional difficulties | <input type="checkbox"/> 15 Asperger's syndrome                           | <input type="checkbox"/> 97 Other disability                   |
| <input type="checkbox"/> 09 Mental health difficulties        | <input type="checkbox"/> 16 Temporary disability after illness / accident | <input type="checkbox"/> 98 Prefer not to say                  |
| <input type="checkbox"/> 10 Moderate learning difficulty      |   | <input type="checkbox"/> 99 Not provided                       |

To help us support your needs, please supply further information about your disability/learning difficulty (if applicable):

#### 8. Please tick ALL the statements which describe you

- Single parent       Seeking political asylum       Home maker       Carer (full or part time)

## 9. YOUR ETHNICITY, NATIONALITY AND FIRST LANGUAGE

White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group
<input type="checkbox"/> 31 English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/> 35 White and Black Caribbean	<input type="checkbox"/> 39 Indian	<input type="checkbox"/> 44 African	<input type="checkbox"/> 47 Arab
<input type="checkbox"/> 32 Irish	<input type="checkbox"/> 36 White and Black African	<input type="checkbox"/> 40 Pakistani	<input type="checkbox"/> 45 Caribbean	<input type="checkbox"/> 98 Any other ethnic group
<input type="checkbox"/> 33 Gypsy or Irish Traveller	<input type="checkbox"/> 37 White and Asian	<input type="checkbox"/> 41 Bangladeshi	<input type="checkbox"/> 46 Any other Black / African / Caribbean background	<input type="checkbox"/> 99 Not known / Prefer not to say
<input type="checkbox"/> 34 Any other White background	<input type="checkbox"/> 38 Any other Mixed / Multiple ethnic background	<input type="checkbox"/> 42 Chinese		
		<input type="checkbox"/> 43 Any other Asian background		

Nationality <input type="text"/>	First Language <input type="text"/>
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## 10. LEARNER SUPPORT

**Financial Support:** Do you require any additional support, for example financial support for transport or childcare, from the Learner Support fund, to participate in your course? Yes  No

If you have answered yes, please ask your Tutor for a Learner Support Fund application form.

**Personal Support:** If you require additional personal support to participate in your course, for example help with Literacy or Numeracy, please notify your Tutor and outline in the box below what support you need.

## 11. LEARNER'S DECLARATION AND ELIGIBILITY

If you are not a UK / EEA\* / Swiss citizen (or spouse / child there of), and have not resided in the UK / EEA / Switzerland for the past 3 years, please contact your tutor for information on eligibility.

\* EEA Countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom


### Learner's Declaration

- I declare that the information on this form is correct and that I am 19 yrs, or over, on or before the 31.08.2015.
- I agree to comply with all health and safety requirements and that the provider reserves the right to deny access if I fail to comply.
- I understand and accept that the Learning Service may have to change, or close, or combine classes, if a class is not available.
- I understand that I am required to provide documentary evidence in support of any fee reduction that I am claiming with my application.

**Signed by Learner**

**Date**

### Privacy Notice - How we use your Personal Information

 The personal information you provide is passed to the Chief Executive of Skills Funding ("the Skills Funding Agency") and the Department for Business, Innovation and Skills (BIS). Where necessary it is also shared with the Department for Education, including the Education Funding Agency.

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at <https://www.gov.uk/government/organisations/sfa-privacy-notice>

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, training, employment and well-being related purposes, including for research.

**Data Protection** Lincolnshire County Council is registered with the Information Commissioner under the Data Protection Act 1998 and all data collected will be processed in accordance with the Act.

## STAFF USE ONLY

LEARNER CODE:	Eligibility verification
Concession: type of proof	Passport No.
<input type="text"/>	<input type="text"/>
ULN Verification: Evidence provided	Application Registration Card date of issue
<input type="text"/>	<input type="text"/>

**Disability**

Date Learner contacted: \_\_\_\_\_

Date Tutor contacted: \_\_\_\_\_

Method: \_\_\_\_\_

Follow-up: \_\_\_\_\_

Authorised Signature