

COMMUNITY LEARNING ENROLMENT FORM/LEARNING AGREEMENT 2018/2019

www.lincolnshire.gov.uk

www.2aspire.org.uk



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 Education & 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 www.2aspire.org.uk

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. Fields marked with * are mandatory. Fields marked with ** are mandatory for qualification courses only.

Course Code	Course Title	Day	Time	Venue

1. PERSONAL DETAILS

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*			

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.

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

2. RE-ENROLMENT (please tick one box only)

Have you taken an Adult Learning course with Lincolnshire County Council since 1st August 2018 Yes No

If your answer is yes and none of your details in Sections 3-10 have changed then please go straight to Section 11 Learner Support, complete Sections 11 and 12, then sign the Learner's Declaration at the bottom 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 31.08.2018 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. HOUSEHOLD SITUATION*

- No household member is in employment and the household includes one or more dependent children Learner lives in a single adult household, irrespective of their employment status, with one or more dependent children
- No household member is in employment and the household does not include any dependent children None of the above applies

7. CURRENT EMPLOYMENT STATUS Please select your current employment status*

- Employed for 0-10 hours a week Employed for up to 3 months In full time education or training prior to enrolment
- Employed for 11-20 hours a week Employed for 4 months – 6 months Self-employed
- Employed for 21-30 hours a week Employed for 7 months – 12 months Unemployed and not looking for work
- Employed for more than 31 hours per week Employed for more than 12 months Unemployed and looking for work

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.

8. 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"/> 17 Speech, language & communication needs | <input type="checkbox"/> 99 Not provided |

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

9. Please tick ANY statement which describes you

Single parent Home maker Carer (full or part time)

10. 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 First Language

11. 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.

12. PERSONAL INFORMATION, ELIGIBILITY AND LEARNER'S DECLARATION*

Privacy Notice - How We Use Your Personal Information



This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can agree to be contacted for other purposes by ticking any of the following boxes:

About courses or learning opportunities. or surveys and research. By post. By phone. By e-mail.

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: <https://www.gov.uk/government/publications/esfa-privacy-notice>

Data Protection: Data Protection. Lincolnshire County Council is registered with the Information Commissioner under the General Data Protection Regulation (GDPR), 2018, and all information will be processed in accordance with the Act. 01.08.2018

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 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 have been informed that this programme is part funded by the European Social Fund
- I agree to follow the Learner Code of Conduct

Signed by Learner

Date

STAFF USE ONLY

LEARNER CODE:

Eligibility verification

Concession: type of proof

Passport No.

ULN Verification: Evidence provided

Application Registration Card date of issue

Disability

Date Learner contacted: _____

Date Tutor contacted: _____

Method: _____

Follow-up: _____

Authorised Signature