

Enrolment Form and Learner Agreement

August 2011 – July 2012

Person Code: _____

HOW DO I COMPLETE THIS FORM? Complete or amend sections of this form in BLOCK CAPITALS and sign where required. Any codes shown in brackets are for College use only.



PERSONAL DETAILS

We cannot proceed with your enrolment unless **ALL** parts of this section are completed. (Block capitals). Please note that it will be the details you supply below that will appear on any certificates that you may receive on completion of your course. Name must be your legal name, please do not use nicknames. Please remember to sign the back of this form so we can process your information.

Firstname(s) <i>(m)</i>		Surname/Family name <i>(m)</i>	
Title <i>(m)</i>		Date of Birth <i>(m)</i>	
Current Address <i>(m)</i>			
Email			
Telephone Day		Telephone Eve	
Mobile Number			
Unique Candidate Identifier UCI where known		Unique Learner Number ULN where known	
(In case of Emergency) Next of Kin Name		(In case of Emergency) Next of Kin Phone	
Are you happy for the College to share information about your studies with your Next of Kin?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Registration Number			
National Insurance Number. <i>Compulsory for Apprenticeships and those claiming Job Seekers or Employment Support Allowance</i>			

COURSE DETAILS		OFFICE USE ONLY					Fee
Course Code	Course Title	Start Date	End Date	No of weeks	Hours per week	Total No hours	
							£
							£
							£
							£
							£

PRIOR EDUCATION

What was the name of your last School/College that you attended? _____

Please tick your highest qualification level prior to starting this course. The qualifications listed are examples of qualifications at the level shown. *(m)*

<input type="checkbox"/>	No qualifications (99)	
<input type="checkbox"/>	Entry Level - Word Power/ Number Power at entry level (9)	Level 3 4+ AS Levels or equivalent (3)
<input type="checkbox"/>	Other qualifications below level 1 (7)	Level 4 First degree or equivalent (4)
<input type="checkbox"/>	Level 1 GCSE D – G or CSE below grade 1 or equivalent (1)	Level 5 Higher degree or equivalent (5)
<input type="checkbox"/>	Level 2 GCSE A – C or 2/3 AS Levels or equivalent (2)	Other qualification level not known (97)

OFFICE USE ONLY – Entry qualifications checked and verified where required

Signed		Date:	
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CONVICTIONS

Do you have any criminal convictions that the College should be aware of? Yes No

NATIONALITY (m)

This information helps the college and the government to provide education and training for all groups in the community

What is your Nationality? British (GB) Other please state _____

Have you lived in the United Kingdom/EU for 3 or more consecutive years prior to this enrolment?

Yes No If no, please state your country/ies of residence for the last 3 years _____

Please note that you may be asked to complete a questionnaire to ascertain your overseas status / ethnicity

OFFICE USE ONLY

UK Passport seen		UK Passport Number		Non-UK Passport copied & attached	
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Please tick the relevant box:

- | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British (31) | <input type="checkbox"/> Pakistani (40) |
| <input type="checkbox"/> Irish (32) | <input type="checkbox"/> Bangladeshi (41) |
| <input type="checkbox"/> Gypsy or Irish Traveller (33) | <input type="checkbox"/> Chinese (42) |
| <input type="checkbox"/> Any other White background (34) | <input type="checkbox"/> Any other Asian Background (43) |
| <input type="checkbox"/> White and Black Carribean (35) | <input type="checkbox"/> African (44) |
| <input type="checkbox"/> White and Black African (36) | <input type="checkbox"/> Caribbean (45) |
| <input type="checkbox"/> White and Asian (37) | <input type="checkbox"/> Any other Black/African/Caribbean background (46) |
| <input type="checkbox"/> Any other Mixed/multiple ethnic background (38) | <input type="checkbox"/> Arab (47) |
| <input type="checkbox"/> Indian (39) | <input type="checkbox"/> Any other ethnic group (98) |

HEALTH PROBLEMS AND LEARNING DISABILITIES (m)

If any of the following applies to you, please tick the relevant box/es.

- | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Hearing Impairment (2) | <input type="checkbox"/> Profound/complex disabilities (9) |
| <input type="checkbox"/> Visual impairment (1) | <input type="checkbox"/> Emotional/behavioural difficulties (6) |
| <input type="checkbox"/> Disability affecting mobility/use a wheelchair (3) | <input type="checkbox"/> Mental Health difficulty (7) |
| <input type="checkbox"/> Other physical disability (4) | <input type="checkbox"/> Temporary disability after illness or accident (8) |
| <input type="checkbox"/> Aspergers Syndrome (10) | <input type="checkbox"/> Multiple disabilities (90) |
| <input type="checkbox"/> Other medical condition (e.g. asthma, epilepsy - please state) (5) | |
| <input type="checkbox"/> Other disability (please state) (90) | |

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Moderate learning difficulty (1) | <input type="checkbox"/> Severe learning difficulty (2) |
| <input type="checkbox"/> Dyslexia (10) | <input type="checkbox"/> Dyscalculia (11) |
| <input type="checkbox"/> Other specific learning difficulty (19) | <input type="checkbox"/> Autism Spectrum Disorder (20) |
| <input type="checkbox"/> Multiple learning difficulties (90) | <input type="checkbox"/> Other (97) |

Will you need additional support to help you study at College? i.e. dyslexia support, Yes No
learning support assistant in class with you?

If yes, please specify _____

WHY DO WE NEED SO MUCH INFORMATION? DATA PROTECTION ACT 1998 AND FAIR PROCESSING NOTICE

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about use of and access to your personal data, and details of partner organisations are available at: <http://skillsfundingagency.bis.gov.uk/privacy.htm>, <http://www.ypla.gov.uk/privacy.htm> and <http://www.learningrecordsservice.org.uk/privacy-copyright.htm>

At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA, the Chief Executive of the 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. Correct at time of going to press.

Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone (2)

Tick this box if you do not wish to be contacted about courses or learning opportunities by post (1)

Tick this box if you do not wish to be contacted by post (1)

Tick this box if you do not wish to be contacted by telephone (2)

Tick this box if you do not wish to be contacted by e-mail (3)

DECLARATION(m)

- I have completed this form correctly and to the best of my knowledge. I agree to Abingdon & Witney College processing personal data contained within this form and other data collected while I am a student.
- I agree to the processing of such data for any purposes connected with my studies, Health and Safety or any other legitimate reason.
- I have been given access to the information and/or guidance referred to below.
- I am aware of the fees payable for this course and understand that they are payable on enrolment.
- I accept that I will be liable for debt collection if I am late paying any fees due.
- I have read and understood the "How to Enrol" section of the prospectus (part time students), or the "How to Enrol" information sent to me prior to enrolment (full time students).
- I accept I am liable for any examination costs if I fail to turn up to an examination (unless medical evidence can be provided).
- I agree to abide by the College IT regulations (available on request).
- I authorise the College to contact me regarding my studies.

Signed: _____ Date: _____

This Student Learner Agreement tells you what you have the right to expect from Abingdon & Witney College. It is important to us that you feel that the following requirements have been met:

- ✓ You understand any qualification etc that your course of study can lead to.
- ✓ You are aware of the possibility of alternative courses to the one(s) you have chosen.
- ✓ You have had the chance to discover if you are likely to be able to cope with the course(s).
- ✓ You have an idea of the amount of work needed to complete the course(s) successfully.
- ✓ If your course offers any exemptions because of qualifications you already have, you know about these.
- ✓ You know about any educational, practical or financial support that may be available to you.

If further information on any of these points is required, please talk to your tutor or a member of staff.

Thank you for completing this form.

Please return it together with your payment to Abingdon & Witney College.

You will receive confirmation of your place on the course shortly.

You may post the form (no stamp required) to one of the following addresses:

The Hub (Abingdon Campus)
Abingdon & Witney College
FREEPOST (OF1653)
Abingdon
OX14 1BR

The Hub (Witney Campus)
Abingdon & Witney College
FREEPOST (SCE13942)
Witney
OX28 6BR

The Short Course Co-Ordinator
Advanced Business Solutions
FREEPOST (OF1653)
5g Milton Park, Abingdon
OX14 4RR

(Please note that the freepost addresses are the equivalent of a 2nd class postal service)

Thank you for enrolling with Abingdon & Witney College – we hope you enjoy your course.

All information on this form is correct at time of going to press

OFFICE USE ONLY

Enrolling Tutor's Signature (for courses requiring an interview)		Date	
Admissions staff signature (form checked for Accuracy and data input)		Date	
Person Code			