

Enrolment Form & Learning Agreement 2011/2012

Term 1
Term 2
Term 3

For office use only

SS _____

Date: _____

Unit-e (Pre): _____

Date: _____

Unit-e (Enr): _____

Date: _____

Wirral Adult & Community Training

Birkenhead Sixth Form College

Park Road West, Claughton, Birkenhead, CH43 8SQ ~ Tel 0151 651 3718

PLEASE USE BLOCK CAPITALS AND COMPLETE ALL SECTIONS

(1) COURSE: _____

(Please circle)

DAY/EVENING of course: **MON TUE WED THU FRI SAT**

(Please circle)

AM PM EVE

CENTRE/LOCATION of course (if not main site): _____

(2) PERSONAL DETAILS:

Surname: _____ **Forename:** _____ *(Please circle)* **Mr / Mrs / Miss / Ms**

Previous Name (if any) _____ **Other Title:** _____

Address: _____

Date of Birth: ____/____/____

Postcode: _____

Mobile Phone No:

Other Contact No: _____

Email address:

Previous address (required if you have lived at the above address for less than 3 years):

Postcode: _____

IN CASE OF EMERGENCY: Contact Telephone No: _____

Name: _____ **Relation:** _____

(3) Have you been resident in the UK, EU or EEA for the last 3 years? (Please circle)

YES / NO

Further information:

Remission Criteria (ONLY IF CLAIMING FEE REMISSION) (4)	16 – 18 yrs old at start of course <input type="checkbox"/> 01	First Full Level 2 (19 or older) <input type="checkbox"/> 22	First Full Level 3 (19 - 24 year olds only) <input type="checkbox"/> 24
	Job Seekers Allowance (income or contribution based) <input type="checkbox"/> 15	Work related Employment & Support Allowance <input type="checkbox"/> 02	Level 3 jumpers (25 or older) <input type="checkbox"/> 22

National Insurance number if claiming remission with JSA or work related ESA

(5) Employment Status: on first day of learning:

Please tick appropriate box. Are you:

- Employed - full time defined as someone working 16 hours or longer or self-employed {06}
- Employed - part time {07}
- Unemployed (through redundancy) {JSA 08, ESA (WRAG) 09, Neither 10}
- Unemployed (for reasons other than redundancy) {JSA 11, ESA (WRAG) 12, Neither 13}
- Unemployed (reason not known/not provided) {JSA 14, ESA (WRAG) 15, Neither 16}
- Economically inactive {17}

Ethnic background (Please tick one box) (6)	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group
	English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> 31	White and Black Caribbean <input type="checkbox"/> 35	Indian <input type="checkbox"/> 39	African <input type="checkbox"/> 44	Arab <input type="checkbox"/> 47
	Irish <input type="checkbox"/> 32	White and Black African <input type="checkbox"/> 36	Pakistani <input type="checkbox"/> 40	Caribbean <input type="checkbox"/> 45	Any other ethnic group <input type="checkbox"/> 98
	Gypsy or Irish Traveller <input type="checkbox"/> 33	White and Asian <input type="checkbox"/> 37	Bangladeshi <input type="checkbox"/> 41	Any other Black / African / Caribbean background <input type="checkbox"/> 46	
	Any other white background <input type="checkbox"/> 34	Any Other Mixed / multiple ethnic background <input type="checkbox"/> 38	Chinese <input type="checkbox"/> 42		
			Any other Asian background <input type="checkbox"/> 43		

How did you hear about us? (7)	Wirral Globe Advert <input type="checkbox"/>	Wirral News Advert <input type="checkbox"/>
	BSFC Website <input type="checkbox"/>	Learn Direct <input type="checkbox"/>
	Poster or Leaflet <input type="checkbox"/>	Previous course with us <input type="checkbox"/>
	Recommendation <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

(8) PROGRESSION:

Have you been on a previous Daytime or Evening course **with Birkenhead Sixth Form College**? Yes No
If 'YES', which courses, when and where?

(9) The college will make reasonable adjustments to avoid substantial disadvantage to students with learning difficulties and/or disabilities. Please help us by providing the following information:-

Do you consider yourself to have a disability/health problem Yes No

Do you consider yourself to have a learning difficulty Yes No

(10) The college is able to offer additional support for students with learning difficulties and/or disabilities, sensory impairment, mental health needs and dyslexia.

Do you require additional support? Yes No

(11) What is your highest qualification to date? (Please tick box)

I have a qualification but don't know the level (97)	I have no qualifications (99)
Level 0 – Entry Level (09)	Level 3 – 2 or more advanced level passes or 4 or more AS levels (03)
Level 1 – 1 AS level or GCSE / 'O' level grades below D or fewer than 5 at A – C (01)	Level 4 – Teaching qualifications (including PGCE) or any first degree (04)
Level 2 – GCSE / 'O' level grades > 5 at A – C or 1 'A' level or 3 fewer AS levels (02)	Level 5 – Higher degree (05)

IMPORTANT: in some cases fee remission may or may not be given dependent on your highest qualification.

I declare that I do not already have a full Level 2 or higher qualification

I declare that I do not already have a full Level 3 or higher qualification

Your attention is drawn to this declaration and the declaration on the back page of this form that says that the information that you give is correct.

Learning Agreement

(12) How long is the course?

Hours per week?		Total number of weeks?		Total hours?	
-----------------	--	------------------------	--	--------------	--

The signatures below also confirm that the programme of study has been chosen after consideration of the following areas under the guidance of the tutor.

1. The suitability of the programme of study.
2. The implications of the choice of learning programme.
3. The entry requirements.
4. Additional support, which may be required by the student.

(13) Please read the data protection statement carefully then sign to say you agree to the points listed below. We cannot accept you as a student without a signature below. Please note you can opt out of us using your image via a tick box above the signature.

DATA PROTECTION STATEMENT

The college collects personal data, including images from all our students for various administrative, academic and health and safety reasons. Because of the Data Protection Act 1998, we need your consent before we can do this. Since we cannot operate the College effectively without processing information about you, we need you to sign the following statement of consent.

How We Use Your Personal Information

Like all educational establishments, the College holds and processes information about its students for various purposes (for example, the administration of the admissions process, the effective provision of academic and welfare services, to record academic progress and to enable correspondence and communication, including the provision of references). To comply with the Data Protection Act 1998 ("the 1998 Act"), information must be collected and used fairly, stored safely and not disclosed to any unauthorised person.

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/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

Tick any of the following boxes if you do not wish to be contacted:

About courses or learning opportunities

For surveys and research

By post

By phone

By email

The data you supply will be passed to Managing Information Across Partners (MIAP) service for the purpose of allocating you a Unique Learner Number (ULN) and creation of your Personal Learning Record. The ULN is used to enable collection and sharing of data within the education sector. The Personal Learning Record will be a lifelong record of your learning and qualifications, which will be accessible to you, organisations linked to your education and training and any other organisations you choose. For further details of how your data is shared and used by MIAP and how to change who has access to your record, please see the MIAP website at www.miap.gov.uk.

My signature below acknowledges each of the following points:

1. I have read the data protection statement and agree to Birkenhead Sixth Form College processing personal data or other data about me, which the college may obtain from me or other people, whilst I am a student. I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or for any other legitimate reason directly connected with my education, this will include the use of my image.
2. I accept and agree to abide by all the responsibilities and requirements described in the Adult Student Handbook.
3. I accept that each course requires a minimum number of fee paying students and for this reason **FEES CANNOT BE REFUNDED**, once the course has started.
4. I acknowledge that if I satisfy the requirements for fee remission I will not be asked to pay any tuition fees. However, I also accept that evidence of entitlement to remission must be provided by week 2 or fees will become due. If I do not provide evidence of entitlement to remission or pay fees by week 2 my enrolment will be cancelled.
5. I agree to abide by The Learning Curve charter.
6. I agree to abide by the ICT Acceptable Use Policy

We like to use photographs of our students in our advertising and take photos during events like Toasting Success and the Art Exhibition. If you would **rather we didn't** use your image please tick here.

I confirm that all the information on this form is correct. I understand that if I have declared false information the College may take action against me to reclaim any remitted fees and support costs.

(14) **Student Signature:** _____ **Dated:** _____

Tutor Signature: _____ **Dated:** _____

PLEASE INFORM THE OFFICE OF ANY CHANGE OF DETAILS



**FOR OFFICE USE ONLY
PAYMENT**

NAME			COURSE			
PAYMENT	£	CASH	CHEQUE	CARD	INVOICE (Complete separate form)	
R if REMISSION (accredited only)		DATE PROCESSED		RECEIPT NUMBER		
Please tick one	01 <input type="checkbox"/>	Fees received direct from employer				
	02 <input type="checkbox"/>	Fees received from learner and learner intending to recover from employer				
	03 <input type="checkbox"/>	Fees received from learner or from a source other than the employer				
	98 <input type="checkbox"/>	No fee received (ie on benefit or Functional Skills)				
	99 <input type="checkbox"/>	Not known				
Verification Type Please tick	<input type="checkbox"/>	Bank card	<input type="checkbox"/>	Benefit	<input type="checkbox"/>	Driving Licence
	<input type="checkbox"/>	Other (specify)				Bus pass

Please tear off and destroy when payment taken and recorded

Name as it appears on the card	
Card type	VISA / DELTA / JCM / MASTERCARD / SWITCH / OTHER
Card Number	
Switch issue Number	
Card expiry date	
Last 3 digits on signature strip	