

ENROLMENT FORM AND LEARNING AGREEMENT 2016/2017

Funded by
**Skills
Funding
Agency**



idea
Library Learning Information

Have you ever attended a course with Idea Store Learning? Yes No

Learner ID:

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Please complete in BLOCK CAPITALS

SECTION 1 – Your personal details (Evidence will be required to complete your enrolment - passport, ID card etc.)

Ms/Miss/Mrs/Mr*	Male/Female*	Mobile Telephone Number:
First Names:		Home Telephone Number:
Family Name/Surname:		Email:
Address:		
		National Insurance number: BIO/LRS
		Please tick to opt-out of sharing your participation and achievement data. <input type="checkbox"/>
Postcode:		Date of Birth: DD / MM / YYYY

Emergency contact - (This should be someone aged over 18)

Name	Relationship	Contact Number

Course(s) that you wish to enrol on

Course	Course code	Course Title	Fee Payable
Course 1			£ . p
Course 2			£ . p
Course 3			£ . p
Course 4			£ . p
Total:			FOR OFFICE USE ONLY

For Family Learning Courses Only

Name of child	Date of Birth	Learner ID

Your Residential Status

BIO/FEES

Passport and Visa

(must be the passport currently used for stay in the UK)

- British
- Other European - *State Country Below*
- Other - *State Country Below*

Visa Type (if non-European passport)

Date of Arrival in Europe (if non-European passport)

SFA Eligibility (one must apply)

- 08 Resident in the EEA for 3 years (not for educational purposes) or the spouse of a UK or EU citizen who has been resident in the EEA for 3 years.
- 14 Refugee Status, Discretionary Leave to Enter/Remain, Exceptional Leave to Enter/Remain, Indefinite Leave to Enter/Remain, Humanitarian Protection.
- 14 An asylum seeker meeting one of the following conditions: in the UK more than six months, in the care of the local authority, granted support under section 4 of the Immigration and Asylum Act 1999 or awaiting the results of an appeal made over six months ago.

Eligible for SFA funded courses: Yes No

Evidence seen: Yes No

PRINT NAME

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SECTION 2 - Employability and Household Income

What is your current employment status? 10 <input type="checkbox"/> Employed <input type="checkbox"/> 0-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 12+ months <input type="checkbox"/> 12+ months 11 <input type="checkbox"/> Unemployed seeking work 12 <input type="checkbox"/> Unemployed not seeking work 98 <input type="checkbox"/> Not known PN <input type="checkbox"/> Prefer not to say	If employed how many hours? <input type="checkbox"/> Under 16 hours <input type="checkbox"/> 16-19 hours <input type="checkbox"/> 20+ hours	If unemployed, how long have you been unemployed? 01 <input type="checkbox"/> less than 6 months 02 <input type="checkbox"/> 6 - 11 months 03 <input type="checkbox"/> 12 - 23 months 04 <input type="checkbox"/> 24 - 35 months 05 <input type="checkbox"/> Over 36 months	What is your benefit status? 01 <input type="checkbox"/> Job Seekers 02 <input type="checkbox"/> ESA – Work Related 03 <input type="checkbox"/> Other benefit 04 <input type="checkbox"/> Universal credit
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What is your current household income?

£0-£15,050 £15,051 - £25,000 £25,001 - £35,000 £35,001 - £45,000 £45,001 - £50,000 £50,000 plus

Household Employment Statement

Please tick which of the following statements apply (one or more may apply):

- 02 No member of the household in which I live (including myself) is employed
02 The household that I live in includes only one adult (aged 18 or over)
01 There are one or more dependent children (aged 0-17 years or 18-24 years if full time student or inactive) in the household
99 None of these statements apply
Or
98 I confirm that I wish to withhold this information

Learner signature

Date

SECTION 3 - Your Ethnic Origin, Faith and Sexuality

Which of the following best describes your ethnic origin? (please tick box) 31 <input type="checkbox"/> White - British / Scottish / Welsh / English / Northern Irish 32 <input type="checkbox"/> White - Irish 33 <input type="checkbox"/> White - Gypsy or Irish Traveller 34 <input type="checkbox"/> White - Other 35 <input type="checkbox"/> Mixed - White & Black Caribbean 36 <input type="checkbox"/> Mixed - White & Black African 37 <input type="checkbox"/> Mixed - White & Asian 38 <input type="checkbox"/> Mixed - Other 39 <input type="checkbox"/> Asian or Asian British - Indian 40 <input type="checkbox"/> Asian or Asian British - Pakistani 41 <input type="checkbox"/> Asian or Asian British - Bangladeshi 42 <input type="checkbox"/> Chinese 43 <input type="checkbox"/> Asian or Asian British - Other 44 <input type="checkbox"/> Black or Black British - African 45 <input type="checkbox"/> Black or Black British - Caribbean 46 <input type="checkbox"/> Black or Black British - Other 47 <input type="checkbox"/> Arab 29 <input type="checkbox"/> Somali 28 <input type="checkbox"/> Vietnamese 48 <input type="checkbox"/> Any other ethnic group	What is your faith? (please tick box) BU <input type="checkbox"/> Buddhist CH <input type="checkbox"/> Christian HI <input type="checkbox"/> Hindu JE <input type="checkbox"/> Jewish MU <input type="checkbox"/> Muslim SI <input type="checkbox"/> Sikh NF <input type="checkbox"/> No Faith OT <input type="checkbox"/> Other PN <input type="checkbox"/> Prefer not to say What is your sexuality? <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Transsexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
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SECTION 4 - Marketing and Surveys

The SFA values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England.

- Tick this box if you **do not wish** to be contacted by Idea Store Learning.
 Tick this box if you **do not wish** to be contacted by Skills Funding Agency (SFA) or its partners in respect of surveys and research, courses or learning opportunities.

We may need to contact you up to 12 months after your course ends to follow up on your progression.

I can be contacted by: Post Telephone E-mail

How did you hear about the course? (Please only select one answer that best describes how you heard about the course)

- 01 Course Guide
03 Idea Store
04 Hotcourses
05 Library
12 Poster/Flyer/Advert
19 Idea Store Website
22 Health Trainer/Professional i.e. GP
 Other (Please specify): _____

SECTION 5 - Impairments and Learning Needs

If you disclose your impairment, Idea Store Learning can provide support to meet your needs.

The information provided in this section will be treated in confidence and will only be shared with relevant staff. The Learner Support Team will contact you to discuss your needs.

Do you have an impairment that you feel we need to know about?

If so, please tick the relevant box(es)

No, I do not have an impairment 2

Sensory:	
Sight	04 <input type="checkbox"/>
Hearing	05 <input type="checkbox"/>
Speech, Language & Communication Needs	17 <input type="checkbox"/>
Physical:	
Wheelchair user	06 <input type="checkbox"/>
Mobility impairment	06 <input type="checkbox"/>
Other	93 <input type="checkbox"/>
Learning:	
Dyslexia	12 <input type="checkbox"/>
Dyscalculia	13 <input type="checkbox"/>
Autism Spectrum Disorder	14 <input type="checkbox"/>
Moderate learning difficulties	10 <input type="checkbox"/>
Other	96 <input type="checkbox"/>

Medical condition:	
Asthma	95 <input type="checkbox"/>
Epilepsy	95 <input type="checkbox"/>
Diabetes	95 <input type="checkbox"/>
Aspergers Syndrome	15 <input type="checkbox"/>
Profound Complex Difficulties	07 <input type="checkbox"/>
Other Disabilities	97 <input type="checkbox"/>
Temporary impairment after illness - please specify:	16 <input type="checkbox"/>
Prefer not to say	98 <input type="checkbox"/>
Mental health – environmental impairment:	
Mental health issues	09 <input type="checkbox"/>
Emotional behavioural difficulties	08 <input type="checkbox"/>

SECTION 6 – Please tell us the level of qualifications you already hold. Please tick all the boxes that apply

<input type="checkbox"/> No qualification	99
<input type="checkbox"/> Any entry level qualification	09
<input type="checkbox"/> More than 1 GCSE/GCE/CSE/O Level (grades D-G or fewer than 5 at grade A-C)	01
<input type="checkbox"/> 5 or more GCSE/CSE/O Level (Grades A-C)	02
<input type="checkbox"/> 2 or more A Levels	03
<input type="checkbox"/> Teaching qualifications (including PGCE)	10
<input type="checkbox"/> Masters	11

SECTION 7 - Payment for your course

If you are applying for a fee concession

Please tick the box to indicate the reason for your request for fee concession.

■ Please see pages 8-9 in the course guide which will tell you what evidence you need to bring with you when enrolling.

Receiving Job Seekers Allowance (JSA), Employment Support Allowance (ESA), Universal Credit, Work Related Activity Group (WRAG).	First Full Level 2 19-23 years only	First Full Level 3 19-23 years only	Pension Guarantee Credit	Income Support and actively seeking employment.	Loans Level 3 All Ages	Employed with an income under £17,000 (U17K)
<input type="checkbox"/> 15	<input type="checkbox"/> 22	<input type="checkbox"/> 24	<input type="checkbox"/> 23	<input type="checkbox"/> 04	<input type="checkbox"/> LST	<input type="checkbox"/> 10

■ Please sign Concession declaration below if you have ticked any of the first four boxes.

Concession declaration Please tick all the boxes that apply to you

- I declare that I DO NOT already have a **full level 2** qualification or higher and I am under 24 years old
- I declare that I DO NOT already have a **full level 3** qualification or higher and I am under 24 years old
- I declare that I am receiving an income related benefit and actively seeking employment

Learner signature

Date

If your employer, community group or other organisation is paying, they will be your sponsor

Is your sponsor paying your fees for you? Yes No

There are no concession entitlements, sponsors will be invoiced at the standard fee

Please provide a letter confirming your sponsor is paying your fees and complete the details below.

Name of sponsor Phone Number

Address

Postcode

■ If your sponsor does not pay your fees, you will become liable for any outstanding balance regardless of whether you complete the course.

SECTION 8 - Learning Agreement

Please tick boxes to confirm that you have read and understand each statement

If you have any questions about this agreement or any part of the enrolment form, please ask for help.

- 1) I declare that the information I have given is, to the best of my knowledge, complete and correct.
- 2) I agree to follow the Idea Store Learning rules (see Learner Handbook).
- 3) I confirm that I have received advice and guidance about my course. This has included information on entry requirements, my choice of learning programme, an assessment of my suitability for the course, an assessment for Additional Learning Support and any further guidance (e.g. about child care and exams) as necessary (where appropriate).
- 4) I confirm that I have no outstanding debt to Idea Store Learning.
- 5) I agree that I am committed to pay any instalments agreed on any instalment plan I have signed regardless of whether or not I complete the course.
- 6) I understand that refunds will only be issued in exceptional circumstances in line with the Idea Store Learning refund policy (available on request).
- 7) I agree that if any sponsor named on this form fails to pay any part of my fees, I will become immediately liable for the outstanding balance.
- 8) I undertake to inform Idea Store Learning of any change to my benefit status that could affect my eligibility for fee remission.
- 9) I confirm that I will attend classes regularly, complete assignments within agreed time limits and take any examinations that are part of my learning programme.

Data Protection Statement and Privacy Notice

How We Use Your Personal Information

Data Protection Act 1998 – The information you provide will be passed to the Skills Funding Agency (the SFA). The SFA is responsible for funding, planning and encouraging education and training for young people and adults in England, and is registered under the Data Protection Act 1998.

Privacy Notice

The personal information you provide is passed to the Skills Funding Agency, and the Department for Business, Innovation and Skills. Where necessary it is also shared with the Department for Education, including the Education Funding Agency.

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.

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training or education.

You may be contacted by the English European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme.

You can opt out of contact for other purposes by ticking 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 e-mail.

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/publications/sfa-privacy-notice>

LBTH will never pass your details onto private companies. However, we may from time to time send you information about reduced rate promotions, events, courses, or improvements to the services such as enrolments.

Learner Declaration Statement

I confirm that all details on this form are to the best of my knowledge true and accurate. I accept that Idea Store Learning has a NO REFUND POLICY except where Idea Store Learning closes a course. I understand that it is my responsibility to notify Idea Store Learning of my reasons for absence, and that if I miss 4 classes in a row I will be withdrawn from the course and not qualify for a refund.

Learner Signature:

Date:

If the learner is paying by instalments (Single course over £200 only)

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First Payment £

Final Payment £

Original evidence of eligibility seen and checked (Less than 3 months old):

- Proof of benefit
 Proof of address
 Birth certificate
 ID card
 Passport
 Visa
 Resident Card

Payment Method: Cash Credit Card Debit Card Sponsor Invoice

Total amount paid: £

Receipt No:

PRINT NAME:

Enrolling Officer 1:

Store/Team:

Date:

Enrolling Officer 2:

Store/Team:

Date: