

ENROLMENT FORM AND LEARNING AGREEMENT 2017/2018



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

Learner ID:

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Please complete in BLOCK CAPITALS

SECTION 1 – Your personal details

Ms/Miss/Mrs/Mr/Mx	Male/Female/Transgender/Prefer not to say Prefer to self describe/
First Names:	
Family Name/Surname:	
Address:	
	National Insurance number: BIO/LRS
	Please tick to opt-out of sharing your participation and achievement data. <input type="checkbox"/>
	Date of Birth: DD / MM / YYYY
Postcode:	Email:
Telephone Number:	

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)

What is your nationality (as indicated on your passport)?

If you are not British or from the EU, what type of visa do you have?

Valid until

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

ESFA 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 ESFA 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 Employed Retired
 0-3 months 4-6 months
 7-12 months 12+ months
 12+ months
11 Unemployed seeking work
12 Unemployed not seeking work
10 Self Employed
PN Prefer not to say

If employed how many hours?

- Under 16 hours
 16-19 hours
 20+ hours

If unemployed, how long have you been unemployed?

- 01 less than 6 months
02 6 - 11 months
03 12 - 23 months
04 24 - 35 months
05 Over 36 months

What is your benefit status?

- 01 Job Seekers
02 ESA – Work Related
03 Other benefit
04 Universal credit

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 White - British / Scottish / Welsh / English / Northern Irish
32 White - Irish
33 White - Gypsy or Irish Traveller
34 White - Other
35 Mixed - White & Black Caribbean
36 Mixed - White & Black African
37 Mixed - White & Asian
38 Mixed - Other
39 Asian or Asian British - Indian
40 Asian or Asian British - Pakistani
41 Asian or Asian British - Bangladeshi
42 Chinese
43 Asian or Asian British - Other
44 Black or Black British - African
45 Black or Black British - Caribbean
46 Black or Black British - Other
47 Arab
29 Somali
28 Vietnamese
48 Any other ethnic group

What is your faith? (please tick box)

- BU Buddhist
CH Christian
HI Hindu
JE Jewish
MU Muslim
SI Sikh
NF No Faith
OT Other
PN Prefer not to say

What is your sexual orientation?

- Bisexual
 Gay Man
 Gay Woman
 Heterosexual / Straight
 Other (please specify)

 Prefer not to say

SECTION 4 - Marketing and Surveys

The ESFA 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 the Idea Store.
 Tick this box if you **do not wish** to be contacted by Education & Skills Funding Agency (ESFA) 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
23 Internet
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

No, I do not have an impairment 2

If you disclose your impairment, the Idea Store 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. A support officer 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)

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	
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"/> Entry Level	09
<input type="checkbox"/> Level 1	01
<input type="checkbox"/> Level 2	02
<input type="checkbox"/> Level 3	03
<input type="checkbox"/> Level 4	10
<input type="checkbox"/> Level 5	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 page 13 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 a gross 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 the Idea Store.
- 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 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 the Idea Store 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

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 the Data Protection Act 1998, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its 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).

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 the Data Protection Act 1998.

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 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/esfa-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 the Idea Store closes a course. I understand that it is my responsibility to notify the Idea Store 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: