ENROLMENT FORM
AND LEARNING AGREEMENT
2019/2020

Please complete in BLOCK CAPITALS

SECTION 1 – Your personal details

Ms/Miss/Mrs/Mr/Mx: 
First Names: 
Family Name/Surname: 
Address: 
National Insurance number: 
Email: 
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

<table>
<thead>
<tr>
<th>Course</th>
<th>Course code</th>
<th>Course Title</th>
<th>Fee Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course 1</td>
<td></td>
<td></td>
<td>£ - p</td>
</tr>
<tr>
<td>Course 2</td>
<td></td>
<td></td>
<td>£ - p</td>
</tr>
<tr>
<td>Course 3</td>
<td></td>
<td></td>
<td>£ - p</td>
</tr>
<tr>
<td>Course 4</td>
<td></td>
<td></td>
<td>£ - p</td>
</tr>
</tbody>
</table>

Total: £ - p

For Family Learning Courses Only

Name of child | Date of Birth | Learner ID
--- | --- | ---

Your Residential Status

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: 

FOR OFFICE USE ONLY
SECTION 2 - Employability and Household Income

What is your current employment status?

10	☐ Employed  ☐ 0-3 months
☐ 4-6 months  ☐ 7-12 months
☐ 12+ months  ☐ Retired

11	☐ Unemployed seeking work
12	☐ Unemployed not seeking work
10	☐ Self Employed
PN  ☐ Prefer not to say

If employed, how many hours?

☐ 0 - 10 hours
☐ 11-20 hours
☐ 21-30 hours
☐ 31 -37.5 hours
☐ 38+ hours

If unemployed, how long have you been unemployed?

☐ less than 6 months
☐ 6 - 11 months
☐ 12 - 23 months
☐ 24 - 35 months
☐ 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 wish to be contacted by the Idea Store.
☐ Tick this box if you do wish to be contacted by Education & Skills Funding Agency (ESFA) or its partners in respect of surveys and research, courses or learning opportunities.

We will 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 05 ☐ Library
03 ☐ Idea Store 12 ☐ Poster/Flyer/Advert
23 ☐ Internet 19 ☐ Idea Store Website

22 ☐ Health Trainer/Professional i.e. GP
☐ Other (Please specify):
SECTION 5 - Impairments and Learning Needs

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

If so, please tick the relevant box(es)

- Sensory:
  - Sight
  - Hearing
  - Speech, Language & Communication Needs

- Physical:
  - Wheelchair user
  - Mobility impairment
  - Other

- Learning:
  - Dyslexia
  - Dyscalculia
  - Autism Spectrum Disorder
  - Moderate learning difficulties
  - Other

Medical condition:
- Asthma
- Epilepsy
- Diabetes
- Aspergers Syndrome
- Profound Complex Difficulties
- Other Disabilities
- Temporary impairment after illness - please specify:
- Prefer not to say
- Mental health
- Mental health issues
- Emotional behavioural difficulties

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

<table>
<thead>
<tr>
<th>Entry Level</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No qualification</td>
<td></td>
<td>99</td>
</tr>
<tr>
<td>Any entry level qualification</td>
<td></td>
<td>09</td>
</tr>
<tr>
<td>More than 1 GCSE/GCE/CSE/O Level (grades D-G or fewer than 5 at grade A-C)</td>
<td></td>
<td>01</td>
</tr>
<tr>
<td>5 or more GCSE/CSE/O level (Grade A-C) – Full Level 2</td>
<td></td>
<td>02</td>
</tr>
<tr>
<td>2 or more A Levels – Full Level 3</td>
<td></td>
<td>03</td>
</tr>
<tr>
<td>Teaching qualifications (including PGCE)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Degree/HND/Masters</td>
<td></td>
<td>11</td>
</tr>
</tbody>
</table>

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.

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, State Pension, Income Support and actively seeking employment, I earn under £20,572, work 37.5 or more per week and live in London, Employed with a gross income under £17,000 (U17K), Idea Store Friends & Carer Member)

<p>| | |</p>
<table>
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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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
- I declare that I earn under £20,572, work at least 37.5 hours per week and live in London

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

- 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

The London Borough of Tower Hamlets is registered with the Information Commissioners Office (ICO). We will keep your data, (enrolment forms, registers, individual learning plans, assessments and examination results) for a maximum of 6 years in line with our retention schedule and to meet the requirements of our funding providers, The Greater London Authority (GLA) and The Education and Skills Funding Agency (ESFA).

This privacy notice is issued by the Greater London Authority (GLA) and 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 Greater London Authority (GLA) and 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 GLA and 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 will be securely destroyed after it is no longer required for these purposes.

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.

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 the change your consent to being contacted, please visit: https://www.gov.uk/government/publications/esfa-privacy-notice

You will also be contacted by Idea Store Learning after you have completed your learning programme to gather data on learner destination. As a condition of funding we are required to collect this data so the GLA and the ESFA can find out how the provision is contributing to the future success of learners.

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)

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: ___________________________ Store/Team: _______________ Date: _______________

Enrolling Officer 1: ___________________________ Enrolling Officer 2: ___________________________