ENROLMENT FORM AND LEARNING AGREEMENT 2018/2019

Please complete in BLOCK CAPITALS

SECTION 1 – Your personal details

Ms/Miss/Mrs/Mr/Mx
First Names:
Family Name/Surname:
Address:
National Insurance number:
Date of Birth:
Postcode:
Telephone Number:

Name | Relationship | Contact Number
--- | --- | ---

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

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: £

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

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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
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 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 progress.

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 □
  - Hearing 05 □
  - Speech, Language & Communication Needs 17 □

- Physical:
  - Wheelchair user 06 □
  - Mobility impairment 06 □
  - Other 93 □

- Learning:
  - Dyslexia 12 □
  - Dyscalculia 13 □
  - Autism Spectrum Disorder 14 □
  - Moderate learning difficulties 10 □
  - Other 96 □

- Medical condition:
  - Asthma 95 □
  - Epilepsy 95 □
  - Diabetes 95 □
  - Aspergers Syndrome 15 □
  - Profound Complex Difficulties 07 □
  - Other Disabilities 97 □
  - Temporary impairment after illness - please specify: 16 □
  - Prefer not to say 98 □

- Mental health:
  - Mental health issues 09 □
  - Emotional behavioural difficulties 08 □

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>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No qualification</td>
<td>99</td>
</tr>
<tr>
<td>□ Any entry level qualification</td>
<td>09</td>
</tr>
<tr>
<td>□ Level 1</td>
<td>01</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>01</td>
</tr>
<tr>
<td>□ Level 2</td>
<td>02</td>
</tr>
<tr>
<td>□ 5 or more GCSE/CSE/O Level (Grades A-C)</td>
<td>02</td>
</tr>
<tr>
<td>□ Level 3</td>
<td>03</td>
</tr>
<tr>
<td>□ 2 or more A Levels</td>
<td>03</td>
</tr>
<tr>
<td>□ Level 4</td>
<td>10</td>
</tr>
<tr>
<td>□ Teaching qualifications (including PGCE)</td>
<td>10</td>
</tr>
<tr>
<td>□ Level 5</td>
<td>11</td>
</tr>
<tr>
<td>□ Degree/HND/Masters</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.
■ Please see page 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 old
- First Full Level 3 19-23 years old
- State Pension
- Income Support and actively seeking employment.
- Loans Level 3 All Ages
- Employed with a gross income under £17,000 (U17K)
- Idea Store Friends & Carer Member

■ 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

### 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 Education and Skills Funding Agency (ESFA).

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 relevant data protection legislation, 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 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).

Your personal 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.

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.

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](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 ESFA can find out how the provision is contributing to the future success of learners.

We process your data in accordance with the General Data Protection Regulation (GDPR) and UK privacy legislation. If you have any concerns the Council’s Data Protection Officer can be contacted at DPO@towerhamlets.gov.uk

You can agree to be contacted for other purposes by ticking any of the boxes in section 4 Marketing and Surveys of this form. You have the right to have any incorrect data amended and the right to withdraw consent at any time.

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.

Further information related to how Idea Store Learning will process your data can be found at: [https://www.ideastore.co.uk/Legal](https://www.ideastore.co.uk/Legal)

### 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)

<table>
<thead>
<tr>
<th>Original evidence of eligibility seen and checked (Less than 3 months old):</th>
<th>Final Payment £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of benefit</td>
<td></td>
</tr>
<tr>
<td>Proof of address</td>
<td></td>
</tr>
<tr>
<td>Birth certificate</td>
<td></td>
</tr>
<tr>
<td>ID card</td>
<td></td>
</tr>
<tr>
<td>Passport</td>
<td></td>
</tr>
<tr>
<td>Visa</td>
<td></td>
</tr>
<tr>
<td>Resident Card</td>
<td></td>
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</tbody>
</table>

Payment Method: □ Cash □ Credit Card □ Debit Card □ Sponsor Invoice

Total amount paid: £__________ Receipt No: __________

For Office Use Only

<table>
<thead>
<tr>
<th>PRINT NAME:</th>
<th>Enrolling Officer 1:</th>
<th>Enrolling Officer 2:</th>
</tr>
</thead>
<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Store/Team:</th>
<th>Date:</th>
<th></th>
<th>Store/Team:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
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