

# LIFELONG LEARNING ENROLMENT FORM

Title: Mr | Mrs | Miss | Ms | (please circle) Other:

Gender M | F (please circle)

First Name

Family Name

Date of Birth DD / MM / YYYY

Learner Number

Address

Telephone day (work)

Telephone evening (home)

Mobile

Email

Post Code

Nationality

## EMERGENCY CONTACT DETAILS

First Name

Family Name

Telephone

## RESIDENTIAL STATUS If you are not a UK/EU National please answer the following:

Have you lived in the UK or an EU country for 3 years or more? **YES**  **NO**

Are you a refugee? **YES**  **NO**

Where did you live before coming to the EU?

Are you an EEA Migrant worker? **YES**  **NO**

Are you married to an EU citizen? **YES**  **NO**   
 If yes, how long .....

Do you have 'exceptional leave' to remain?  
**YES**  **NO**

Are you an asylum seeker? **YES**  **NO**

Do you have 'indefinite leave' to remain?  
**YES**  **NO**

## FEE REMISSION Are you receiving any benefit? **YES** **NO** If yes, please tick any that apply (you will need to produce evidence - see brochure)

- |                                                                 |                                                                |                                                                      |
|-----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Job seekers allowance                  | <input type="checkbox"/> Working families tax credit (£15,050) | <input type="checkbox"/> Income support                              |
| <input type="checkbox"/> Pensions credit (over 60)/Pension      | <input type="checkbox"/> Housing/Council tax benefit           | <input type="checkbox"/> Disabled persons tax credit                 |
| <input type="checkbox"/> Child tax credit                       | <input type="checkbox"/> Incapacity benefit                    | <input type="checkbox"/> Asylum seeker claiming income based benefit |
| <input type="checkbox"/> Unwaged dependant of benefit recipient | <input type="checkbox"/> Disability Living Allowance           |                                                                      |

## DISABILITY/LEARNING SUPPORT Do you have a disability? **YES** **NO** If yes, please tick any that apply to you

- |                                                                   |                                                                            |
|-------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Disability affecting mobility            | <input type="checkbox"/> Profound complex disabilities                     |
| <input type="checkbox"/> Visual impairment                        | <input type="checkbox"/> Temporary disability after illness eg. Post viral |
| <input type="checkbox"/> Hearing impairment                       | <input type="checkbox"/> Moderate learning difficulty                      |
| <input type="checkbox"/> Mental health difficulties               | <input type="checkbox"/> Severe learning difficulty                        |
| <input type="checkbox"/> Emotional/behavioural difficulties       | <input type="checkbox"/> Multiple learning difficulties                    |
| <input type="checkbox"/> Dyslexia                                 | <input type="checkbox"/> Dyscalculia                                       |
| <input type="checkbox"/> Other physical disability (please state) | <input type="checkbox"/> Other specific learning difficulty                |

## DO YOU NEED HELP WITH

- |                                          |                                           |
|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Reading English | <input type="checkbox"/> Speaking English |
| <input type="checkbox"/> Writing English | <input type="checkbox"/> Maths            |

## COURSE DETAILS

Course Code	Course Title	Day	Time	Start Date	Fee	Offered (for office use)

## QUALIFICATIONS (PLEASE TICK ANY THAT YOU HAVE)

- |                                                                            |                                                  |                                                              |
|----------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Entry level or other qualifications below Level 1 | <input type="checkbox"/> Level 3 (A Levels)      | <input type="checkbox"/> Other qualification/level not known |
| <input type="checkbox"/> Level 1 (GCSE/O Levels)                           | <input type="checkbox"/> Level 4 (First Degree)  | <input type="checkbox"/> Not known                           |
| <input type="checkbox"/> Level 2 (5 A-C GCSE/O Levels)                     | <input type="checkbox"/> Level 5 (post graduate) | <input type="checkbox"/> No qualifications                   |

## YOUR SITUATION

- |                                                    |                                               |                                                 |
|----------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Unemployed (seeking work) | <input type="checkbox"/> Employed (full time) | <input type="checkbox"/> In full-time education |
| <input type="checkbox"/> Not working               | <input type="checkbox"/> Self-employed        | <input type="checkbox"/> Retired                |
| <input type="checkbox"/> Employed (part time)      | <input type="checkbox"/> Carer                | <input type="checkbox"/> Other (please state)   |

## ETHNIC ORIGIN (THIS IS OPTIONAL BUT IT'S HELPFUL TO KNOW THE BACKGROUND SO WE CAN SERVE ALL COMMUNITIES)

- |                                          |                                                               |                                                             |
|------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> White - British | <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Black or Black British - African   |
| <input type="checkbox"/> White - Irish   | <input type="checkbox"/> Asian or Asian British - Indian      | <input type="checkbox"/> Black or Black British - Caribbean |
| <input type="checkbox"/> White - other   | <input type="checkbox"/> Asian or Asian British - Pakistani   | <input type="checkbox"/> Black or Black British - other     |
| <input type="checkbox"/> Chinese         | <input type="checkbox"/> Asian or Asian British - Sikh        | <input type="checkbox"/> Mixed - White and Black African    |
| <input type="checkbox"/> Mixed - other   | <input type="checkbox"/> Asian or Asian British - other       | <input type="checkbox"/> Mixed - White and Black Caribbean  |
| <input type="checkbox"/> Any other       | <input type="checkbox"/> Mixed - White and Asian              |                                                             |

## LEARNING AGREEMENT AND DECLARATION

### Learning programme

- I agree to the policy on refunds.
- I confirm I have received suitable information and advice for my learning programme.
- I am satisfied that I fully understand the requirements of the programme and agree to be bound by the conditions of entry which are available on request.
- I agree to comply with the policies and procedures of this centre.
- I do not have a place on a course until confirmed by letter from the Lifelong Learning Service.

**Data protection act 1998** - the information you provide on this form will be passed to the learning and skills council (the lsc). The lsc is responsible for funding and planning education and training for young people and adults in England, and is registered under the data protection act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which the lsc will share information include, the department for education and skills, connexions, higher education statistics agency, higher education funding council for England, educational institutions and organisations performing research and statistical work on behalf of the lsc or its partners. The lsc is also a co-financing organisation and uses European social funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and what they do, may be found at <http://www.lsc.gov.uk>, and by following the links to data protection.

**I declare that all the information I have provided is accurate and that I have read and understood the statement relating to Data Protection.**

Learner signature ..... Date .....

Staff signature ..... Date .....

### Office Use Only

Office initials  Date on MIS

Reduced fee  Receipt No.  Fee received  Amount  Cash  Cheque