

10 Data Protection Statement – Data Protection Act 1998

I agree to Shipley College processing personal data contained in this form, or other data, which may be obtained from me or other people whilst I am a student. I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or any legitimate reason, e.g. forwarding to the Learning and Skills Council.

The information you provide will be passed to the Learning and Skills Council (the LSC). The LSC 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.

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 we will share information include: the Department for Children, Schools and Families, the Department for Innovation, Universities and Skills, Connexions, Higher Education Statistics Agency, Higher Education

Funding Council for England, Aim Higher, West Yorkshire Lifelong Learning Network, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC also administers the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN).

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, the ULN and what they do, may be found at www.lsc.gov.uk/providers/data/help and by following the links to data protection. At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone,

which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

Tick this box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England.

Shipley College, the LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. Please tick here if you do not wish to be contacted about courses or learning opportunities by post.

11 Learning Agreement – This form provides the basis of a learning agreement

Shipley College – Detailed guidance on financial and other support, offered by Shipley College, can be obtained from Student Services. If you have any further questions relating to your course and its appropriateness to your needs, please approach the appropriate staff member before your course starts or during induction.

The College aims to provide a high quality educational service for all students. The College Charter, displayed on notice boards in classrooms and elsewhere, gives details of the guidance and support you can expect from the college and the commitment expected from you as a student.

Your comments on the College and its service are welcomed and will be used to improve our standards.

Student – I declare that I have received appropriate information, advice and guidance to enable me to enrol on the learning programme(s) most suitable for my needs.

I agree that I am responsible for the payment of the course fees and that the fees remain payable even if I subsequently withdraw from the course.

The information that I have provided is correct to the best of my knowledge.

I agree to observe the rules and regulations of the College.

I understand that the information on this form will be stored on computer in accordance with the terms of the Data Protection Act 1998.

I understand that examination/registration fees may be payable in addition to course fees.

| | |
|-----------------------------|--|
| Student's Signature* | |
| Date | |
| Staff Signature | |
| Staff Print Name | |
| Date | |

| | | | | | |
|--------|-----------|----------|------------------|------|---|
| Postal | Telephone | Personal | Data entered by: | Date | Student Reference: (Person Code) |
|--------|-----------|----------|------------------|------|---|

Please complete using **BLOCK CAPITALS** and ensure that you **SIGN** Section 11*

If you need help in completing this form or if you need it in an alternative format, please ring 01274 327241

| 1 Personal Details | | | | | | | | | | |
|--|-----------------------------|------------------------------|-------------------------------|-----------------------------|---|-------------------------------|---------------------------------|---|----------------------|--|
| Title (please tick box) | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="checkbox"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | National Insurance Number | | |
| Family Name | | | | | First Name(s) | | | | Previous Family Name | |
| Home Address | | | | | | | Postcode | | Date of Birth | |
| Tel. No. (Home) | | | | | Tel. No. (Work) | | | | Mobile No. | |
| What is your nationality? | | | | | Have you lived in the EEA for the last 3 years (for purposes other than education)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Which is the country of your permanent address? (Country of domicile) | | |
| Next of kin/Contact in case of emergency | Name | | | | | | | Telephone Number | | |

| 2 Details of disabilities and/or learning difficulties (please tick as appropriate) | |
|--|--|
| Do you have any medical condition, disability or learning difficulty? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| This helps us monitor our service and ensures we offer any support you may need to get the most out of your time at Shipley College. We ask for this information so we can make appropriate provision for all. | |
| I require additional support | I do not require additional support |
| (01) Visual impairment <input type="checkbox"/> | (01) Moderate learning difficulty <input type="checkbox"/> |
| (02) Hearing impairment <input type="checkbox"/> | (02) Severe learning difficulty <input type="checkbox"/> |
| (03) Disability affecting mobility <input type="checkbox"/> | (10) Dyslexia <input type="checkbox"/> |
| (04) Other physical disability <input type="checkbox"/> | (11) Dyscalculia <input type="checkbox"/> |
| (05) Other medical condition <input type="checkbox"/> | (19) Other specific learning difficulty <input type="checkbox"/> |
| (06) Emotional behavioural difficulties <input type="checkbox"/> | (20) Autism spectrum disorder <input type="checkbox"/> |
| (07) Mental health difficulty <input type="checkbox"/> | (90) Multiple learning difficulties <input type="checkbox"/> |
| (08) Temporary disability (e.g. accident) <input type="checkbox"/> | (97) Other specific learning difficulties <input type="checkbox"/> |
| (09) Profound complex disabilities <input type="checkbox"/> | (please list below) |
| (10) Aspergers syndrome <input type="checkbox"/> | |
| (90) Multiple disabilities <input type="checkbox"/> | |
| (97) Other specific disabilities (please list below) <input type="checkbox"/> | (98) No learning difficulty <input type="checkbox"/> |
| | |
| (98) No disability <input type="checkbox"/> | I will need to be alerted/assisted to leave the building in case of emergency Yes <input type="checkbox"/> No <input type="checkbox"/> |

| 3 Ethnic Origin (please tick ONE box below as appropriate) | |
|--|--|
| (11) Bangladeshi <input type="checkbox"/> | (21) Mixed: White & Black Caribbean <input type="checkbox"/> |
| (15) Black African <input type="checkbox"/> | (22) Mixed: Other backgrounds <input type="checkbox"/> |
| (16) Black Caribbean <input type="checkbox"/> | (14) Other Asian <input type="checkbox"/> |
| (17) Black Other <input type="checkbox"/> | (13) Pakistani <input type="checkbox"/> |
| (18) Chinese <input type="checkbox"/> | (23) White – British <input type="checkbox"/> |
| (12) Indian <input type="checkbox"/> | (24) White – Irish <input type="checkbox"/> |
| (19) Mixed: White & Asian <input type="checkbox"/> | (25) White – Other background <input type="checkbox"/> |
| (20) Mixed: White & Black African <input type="checkbox"/> | (99) Not known/Prefer not to say <input type="checkbox"/> |
| | Any Other (please write below) <input type="checkbox"/> |
| | |

2008–2009
student enrolment form
and learning agreement



| 4 Prior level of attainment (Please tick your highest level of attainment in any area to date) | | | | | |
|--|--------------------------|--|-------------------------|--------------------------|---|
| Level | Tick (✓) | Examples | Level | Tick (✓) | Examples |
| Entry Level | <input type="checkbox"/> | Word Power, Number Power, Adult Literacy or Numeracy | Level 4 | <input type="checkbox"/> | Teaching qualification, first degree, NVQ level 4 |
| Other – below Level 1 | <input type="checkbox"/> | | Level 5 and above | <input type="checkbox"/> | Higher Degree, NVQ Level 5 |
| Level 1 | <input type="checkbox"/> | GCSEs but less than 5 at Grade A–C, 1 AS Level, NVQ Level 1 | Other – Level not known | <input type="checkbox"/> | |
| Full Level 2 | <input type="checkbox"/> | 5 or more GCSEs at Grades A* to C, 2 or 3 AS levels, 1 A level, NVQ Level 2 | Not Known | <input type="checkbox"/> | |
| Full Level 3 | <input type="checkbox"/> | 2 or more A level passes, 4 or more AS level passes, Access to HE, NVQ Level 3 | No Qualifications | <input type="checkbox"/> | |

| 5 Courses for which you wish to enrol? | | | | | | For college use only | | | | |
|--|-----------------|---------------|--------------|-----|------------|----------------------|-----|-----------------|----------------|--------------|
| Course Code | Title of Course | Academic Year | Retake (Y/N) | Day | Start Date | End Date | GLH | Course Fees Due | Receipt Number | Funding Type |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| 6a How are you paying for your fees? | | | | | | | | | |
|---|--------------------------|---|--------------------------|------------------|--------------------------|-----------------------|--------------------------|---|--------------------------|
| Full Fee (You will be paying all course fees due) | <input type="checkbox"/> | Employer paying all or proportion of course fees (Please complete Section 8a in full) | <input type="checkbox"/> | Overseas Student | <input type="checkbox"/> | Fee waived by college | <input type="checkbox"/> | Apprenticeship or Advanced Apprenticeship | <input type="checkbox"/> |

| 6b You may be eligible for a reduction in fees | | | | | |
|--|--------------------------|--|--------------------------|--|--------------------------|
| Please indicate the appropriate reason from the list below, supporting evidence will be required. You are required to notify the College if your circumstances change. | | | | | |
| (01) Aged between 16 and 18 as at the 31st August 2008 | <input type="checkbox"/> | (14) Asylum seeker eligible for learner responsive funding and in receipt of the equivalent of an income-based state benefit | <input type="checkbox"/> | (24) 19–25 Level 3 entitlement (learner responsive only) | <input type="checkbox"/> |
| (04) In receipt of an income-based state benefit (such as Council/Housing Tax Benefit) not covered by any other code relating to income-based state benefit. | <input type="checkbox"/> | (15) In receipt of Jobseekers allowance | <input type="checkbox"/> | (28) Fully funded employer responsive provision | <input type="checkbox"/> |
| (08) Unwaged dependent of person with code 04, 14, 15, 21 or 23 | <input type="checkbox"/> | (21) In receipt of working tax credit (household income less than £15,050) | <input type="checkbox"/> | Remission proof seen | |
| (09) Undertaking Skills for Life course (excluding ESOL) | <input type="checkbox"/> | (22) Level 2 entitlement (learner responsive/Train to Gain) | <input type="checkbox"/> | Staff Signature | |
| | | (23) In receipt of pensions guarantee credit | <input type="checkbox"/> | Date | |

| 7 Card details (if applicable) | | | | | | | | | | | |
|---|--|-------------|--|---|--|-------------|--|-----------------------|--|-----------------|--|
| Debit/Credit Card Details (Please note – We do not accept American Express or Diner’s Club). So we can process your payment we need the 3 digit security number from the back of your card. | | | | | | | | | | | |
| Card Holder’s Name | | Card Number | | Security Number 3 digits (This will be deleted from all our records after processing) | | Expiry Date | | Issue Number (Switch) | | Valid from Date | |

| 8a Employment (This information is required for statistical purposes and if your employer is supporting you, e.g. by paying your fees) | | | | | |
|--|--|--|--|--|--|
| Company Name | | Nature of Business | | Postcode | |
| Employer’s Address | | Main Workplace Postcode | | | |
| Employer’s Tel. No. | | Your Job Title | | Are there fewer than 250 employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If your employer or sponsor is supporting you, e.g. by paying your fees, you need to attach a letter from your employer or sponsor, stating they will pay the fees. This letter must be on their headed paper. The College reserves the right not to enrol you on this basis if you do not provide this evidence. The College will invoice your employer/sponsor only if we hold such a letter. Please note that if you leave the course before your employer or sponsor makes payment, the employer or sponsor is still liable for your fees. | | | | | |
| My employer will pay my fees in full – Please invoice. | Yes <input type="checkbox"/> No <input type="checkbox"/> | My employer will agree to my attendance in work time | Yes <input type="checkbox"/> No <input type="checkbox"/> | My course is relevant to my employment | Yes <input type="checkbox"/> No <input type="checkbox"/> |

College Use Only

| 8b Employer Responsive Enrolments – Where required, to be completed in discussion with the tutor | | | |
|--|--|---------------------------------|--|
| Status on day prior to learning | | Status on first day of learning | |
| Current employment status | | Date employment status changed | |

| 9a Register | | |
|-----------------------------|------------------------------|-----------------------------|
| Student placed on Register? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| 9b Method of Payment | | | | | | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|------------|--------------------------|-------------|--------------------------|
| Cash | <input type="checkbox"/> | Cheque | <input type="checkbox"/> | Credit Card | <input type="checkbox"/> | Debit Card | <input type="checkbox"/> | No Fee Paid | <input type="checkbox"/> |
| ShIPLEY College Staff Development? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Invoice to be raised? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | |
| Student paying by instalments? (Send a copy to Finance) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applied for Learner Support Fund? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | |

| 9c Source of Fees | | | | | |
|---|--------------------------|--|--------------------------|-------------------------------|--------------------------|
| (01) Tuition fees received direct from employer | <input type="checkbox"/> | (02) Tuition fees received from learner and learner is intending to recover them from their employer | <input type="checkbox"/> | (98) No tuition fees received | <input type="checkbox"/> |
| (03) Tuition fees received from learner, or received on behalf of the learner from a source other than the employer | <input type="checkbox"/> | (99) Not known | <input type="checkbox"/> | | |