

Postal	Telephone	Personal	Data entered by:	Date	Student Reference: (Person Code)
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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	Male (L13) <input type="checkbox"/>	Female (L13) <input type="checkbox"/>	National Insurance Number (L26)		
Family Name (L09)					First Name(s) (L10)					Previous Family Name
Home Address (L18 to L21)						Postcode (L17 & L22)				Unique Learner Number (L45)
						Date of Birth (L11)		Age at 31/08/2010		
Tel. No. (Home) (L23)				Tel. No. (Work)			Mobile No.			Email
What is your nationality? (H10)				Have you lived in the UK/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 e.g. England) (L24)			
Next of kin/Contact in case of emergency	Name						Telephone Number			

2 Prior level of attainment (Please tick your highest level of attainment in any area to date) (L35)					
Level	Tick (✓)	Examples	Level	Tick (✓)	Examples/Notes
(09) Entry Level	<input type="checkbox"/>	Word Power, Number Power, Adult Literacy or Numeracy	(04) Level 4	<input type="checkbox"/>	Teaching qualification, first degree, NVQ Level 4
(07) Other-below Level 1	<input type="checkbox"/>	Word Power, Number Power, Adult Literacy or Numeracy	(05) Level 5 and above	<input type="checkbox"/>	Higher Degree, NVQ Level 5
(01) Level 1	<input type="checkbox"/>	GCSEs but less than 5 at Grade A-C, 1 AS Level, NVQ Level 1	(97) Other-Level not known	<input type="checkbox"/>	Not to be used if you are applying for a Full Level 2 or Full Level 3 course
(02) 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	(98) Not Known	<input type="checkbox"/>	Not to be used if you are applying for a Full Level 2 or Full Level 3 course
(03) Full Level 3	<input type="checkbox"/>	2 or more A Level passes, 4 or more AS Level passes, Access to HE, NVQ Level 3	(99) No Qualifications	<input type="checkbox"/>	

3 Courses for which you wish to enrol							For Office use only		
Course Code	Title of Course	Learning Aim (A09)	Retake (Y/N) (A20)	Learner's Start Date (A27)	Planned End Date (A28)	GLH (A32)	Course Fees Due (A13)	Receipt Number	Funding Model (A10)
Notes regarding exceptional circumstances (e.g. proportion of funding remaining) (A51a)									

2010 - 2011 PART-TIME PROGRAMME

Student enrolment form and learning agreement



4a Payment details			
Full Fee (You will be paying all course fees due) <input type="checkbox"/>	Employer paying all or proportion of course fees (Please complete Section 4e in full) <input type="checkbox"/>	Free remission (reduction) (Please complete 4f) <input type="checkbox"/>	Overseas Student (Paying full overseas rate) <input type="checkbox"/>

4b Method of Payment					
Credit Card <input type="checkbox"/>	Debit Card <input type="checkbox"/>	Cheque <input type="checkbox"/>	Cash <input type="checkbox"/>	No Fee Paid <input type="checkbox"/>	
Student paying by instalments? (Send a copy to Finance)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Invoice to be raised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shipleigh College Staff Development?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Applied for Learner Support Fund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4c 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	

4d Source of Fees (A57)			
(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"/>		(99) Not Known <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"/>	(98) No Tuition fees received <input type="checkbox"/>		
If your employer or sponsor is supporting you 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 the 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.			

4e Employment (This information is required if your employer is paying your fee and would be helpful for college purposes).						
Company Name		Nature of Business		Contact name		
Employer's Address				Postcode		
				Main Workplace Postcode		
Employer's Tel. No.		Your Job Title		Are there fewer than 250 employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(01) I am employed and studying a vocational course relevant to that employment. My employer has released me to attend <input type="checkbox"/>	(02) I am employed and studying a vocational course relevant to that employment. My employer has not released me to attend <input type="checkbox"/>		(09) Neither <input type="checkbox"/>	(A19)		

4f Fee remission (reduction) reason (A14)			
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 at the 31st August 2010 <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 <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"/>	Details of remission (reduction) proof seen (include reference)	
	(21) In receipt of working tax credit (Dependent on maximum household income for last year - £15,276 subject to change)		
(08) Unwaged dependant of person with code 04, 14, 15, 21 or 23 <input type="checkbox"/>	(22) Level 2 entitlement <input type="checkbox"/>	Staff Signature and printed name	
(09) Undertaking Skills for Life course (excluding ESOL) <input type="checkbox"/>	(23) In receipt of pensions guarantee credit <input type="checkbox"/>	Date	
Exceptional Reason		Reason Authorised by	

5 Details of disabilities and/or learning difficulties (Please tick as appropriate)			
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.			
If you wish to discuss any support you may require, before completing this section, please contact the College Additional Learning Support Team on 01274 327260.			
Do you have any medical condition, disability or learning difficulty? (L14)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
I require additional support	Yes	<input type="checkbox"/>	No <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"/>
Disabilities (L15)		Learning difficulties (L16)	
(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 (Please specify in space below)	<input type="checkbox"/>
(06) Emotional/behavioural difficulties	<input type="checkbox"/>		
(07) Mental health difficulty	<input type="checkbox"/>		
(08) Temporary disability (e.g. accident)	<input type="checkbox"/>		
(09) Profound complex disabilities	<input type="checkbox"/>	(20) Autism spectrum disorder	<input type="checkbox"/>
(10) Aspergers syndrome	<input type="checkbox"/>	(90) Multiple learning difficulties	<input type="checkbox"/>
(90) Multiple disabilities	<input type="checkbox"/>	(97) Other (Please specify in space below)	<input type="checkbox"/>
(97) Other (Please specify below)	<input type="checkbox"/>		
(98) No disability	<input type="checkbox"/>	(98) No Learning difficulty	<input type="checkbox"/>

6 Ethnic Origin (Please tick ONE box below as appropriate) (L12)	
(11) Asian or Asian British – Bangladeshi	<input type="checkbox"/>
(12) Asian or Asian British - Indian	<input type="checkbox"/>
(13) Asian or Asian British – Pakistani	<input type="checkbox"/>
(14) Asian or Asian British – any other Asian background	<input type="checkbox"/>
(15) Black or Black British – African	<input type="checkbox"/>
(16) Black or Black British – Caribbean	<input type="checkbox"/>
(17) Black or Black British – any other Black background	<input type="checkbox"/>
(18) Chinese	<input type="checkbox"/>
(19) Mixed – White and Asian	<input type="checkbox"/>
(20) Mixed – White and Black African	<input type="checkbox"/>
(21) Mixed – White and Black Caribbean	<input type="checkbox"/>
(22) Mixed – any other Mixed background	<input type="checkbox"/>
(23) White – British	<input type="checkbox"/>
(24) White – Irish	<input type="checkbox"/>
(25) White – any other White background	<input type="checkbox"/>
(98) Not known/Prefer not to say	<input type="checkbox"/>
(99) Any Other (Please specify in space provided)	<input type="text"/>

7 Employment status on first day of learning (Please tick ONE box below) (L37)	
(01) Employed	<input type="checkbox"/>
(03) Not employed (through redundancy)	<input type="checkbox"/>
(04) Not employed (for reasons other than redundancy)	<input type="checkbox"/>
(05) Not employed (reason unknown/not provided)	<input type="checkbox"/>
(98) Not known/not provided	<input type="checkbox"/>

8 Verification of details (LRS / MIAP – see section 10b)			
(0) None Provided	<input type="checkbox"/>	(5) National Insurance card	<input type="checkbox"/>
(1) Relationship with school	<input type="checkbox"/>	(6) Certificate of entitlement to funding	<input type="checkbox"/>
(2) Passport	<input type="checkbox"/>	(7) Bank\Credit\Debit Card	<input type="checkbox"/>
(3) Driving licence	<input type="checkbox"/>	(999) Other (Please describe in the space below)	<input type="checkbox"/>
(4) ID card or other form of national identification	<input type="checkbox"/>		

9 Register (College use)	
Student placed on register? Yes <input type="checkbox"/>	No <input type="checkbox"/>

10a How We Use Your Personal Information

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding and, where required, the Young People's Learning Agency for England ("the YPLA") to enable those organisations to fulfil their statutory obligations, principally under the Apprenticeships, Skills, Children and Learning Act 2009. Both organisations are registered as data controllers with the UK Information Commissioner's Office.

The Skills Funding Agency funds adult further education and skills training, including apprenticeships, in England. The YPLA is responsible for arranging the provision of funding for the education and training of young people in England. The Skills Funding Agency processes learner data on behalf of the YPLA.

The information you provide may be shared with other organisations for purposes of administration, the provision of career and other guidance and statistical and research purposes, relating to education or training. Other organisations include the Department for Education, the Department for Business, Innovation and Skills, Local Authorities, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the Skills Funding Agency, the YPLA, or partners of those organisations.

The Skills Funding Agency also administers the learner registration service (LRS) which uses your learner information to create and maintain a unique learner number (ULN).

Further information about use of and access to your information is available at:

Skills Funding Agency: <http://skillsfundingagency.bis.gov.uk/foi.htm>

YPLA: <http://www.ypla.gov.uk/foi.htm>

At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

- Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone. (Code 4)
- Tick this box if you do not wish to be contacted about courses or learning opportunities by post. (Code 3)

(L27) (Code 1 if both are ticked. Code 9 if neither are ticked)

10b The Learning Records Service Privacy Notice

MIAP (LRS) Fair Processing / Privacy Notice

The data you supply will be passed to Managing Information Across Partners (MIAP) service for the purpose of allocating you a Unique Learner Number (ULN) and creation of your Personal Learning Record. The ULN is used to enable collection and sharing of data within the education sector. The Personal Learning Record will be a lifelong record of your learning and qualifications, which will be accessible to you, organisations linked to your education and training and any other organisations you choose. For further details of how your data is shared and used by MIAP and how to change who has access to your record, please see the MIAP website at www.miap.gov.uk.

- Please tick this box to confirm that you have seen the MIAP Fair Processing Notice above.
- Tick if you wish to opt-out of sharing your participation and achievement data through MIAP with organisations linked to your education and training.

Details of how to opt out of data sharing can be found at www.miap.gov.uk or by telephoning the MIAP helpdesk on 0845 6022589. Please note that organisations may still share some data outside of MIAP.

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

Shipleigh College – Detailed guidance on financial and other support, offered by Shipleigh 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 to observe the rules and regulations of the College.

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

I agree to Shipleigh 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.

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

Student's Signature*

Date

Staff Signature

Staff Print Name

Date