

Enrolment Form 2011-2012

Title: (Mr/Mrs/Miss/Ms)	Forenames:	
Surname:	Date of Birth:	Gender: M / F
Address:		
Postcode:	Time spent at current address:	
Tel eve:	Tel day:	
Mobile:	Email address:	
Student no. (if known):	Unique Learner no. (if known)	
Office use only – ULN ID evidence	<input type="checkbox"/> Tick here to receive information about future courses by email	
Country of normal residence:	Nationality:	
Have you lived outside the EU in the past 3 years? Yes / No If yes, what country?	Have you taken part in any learning in the last 3 years? Yes / No	

Ethnic Origin

White – English/Welsh/Scottish/Northern Irish/British	Asian/Asian British – Bangladeshi
White – Irish	Asian/Asian British – Chinese
White – Gypsy or Irish Traveller	Asian/Asian British – Any other Asian background
White – Any other white background	Black or Black British – African
Mixed – White & Black Caribbean	Black or Black British – Caribbean
Mixed – White & Black African	Black or Black British – Any other background
Mixed – White Asian	Other Ethnic group – Arab
Mixed – Any other mixed /multiple ethnic background	Other Ethnic group – Any other ethnic group
Asian/Asian British – Indian	Other Ethnic group – Not provided
Asian/Asian British – Pakistani	

Disability, Health Issues and Learning Difficulties

Do you have a disability or health problem? Yes / No	Do you have a learning difficulty? Yes / No	
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Moderate learning difficulty	
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Severe learning difficulty	
<input type="checkbox"/> Disability affecting mobility	<input type="checkbox"/> Dyslexia	
<input type="checkbox"/> Other physical disability	<input type="checkbox"/> Dyscalculia	
<input type="checkbox"/> Other medical condition (eg. Epilepsy, Asthma, Diabetes)	<input type="checkbox"/> Other specific learning difficulty	
<input type="checkbox"/> Emotional/behavioural difficulties	<input type="checkbox"/> Autism spectrum disorder	
<input type="checkbox"/> Mental health difficulty	<input type="checkbox"/> Multiple learning difficulties	
<input type="checkbox"/> Temporary disability after illness (e.g. post viral or accident)	<input type="checkbox"/> Other	<input type="checkbox"/> Not known/Not provided
<input type="checkbox"/> Profound complex disabilities	Please state if you have any other specific needs you wish to be supported with:	
<input type="checkbox"/> Aspergers syndrome	The Student Support Officer will contact you in strict confidence, to discuss your needs.	
<input type="checkbox"/> Multiple disabilities	In addition a health questionnaire must be completed by all students prior to attending a physical activity course.	
<input type="checkbox"/> Other	<input type="checkbox"/> Not known/Not provided	

Please help us monitor the efficiency of our marketing by indicating below how you found out about the Adult College for Rural East Sussex

<input type="checkbox"/>	Existing Student	<input type="checkbox"/>	ACRES Website
<input type="checkbox"/>	Rang for Brochure	<input type="checkbox"/>	Other Website
<input type="checkbox"/>	Brochure through the door	<input type="checkbox"/>	Through School / College
<input type="checkbox"/>	Promotional Event	<input type="checkbox"/>	Word of mouth
<input type="checkbox"/>	Poster	<input type="checkbox"/>	Other (please specify)

Your Highest Qualification – Please tick one box that applies to you:

<input type="checkbox"/>	Entry Level	<input type="checkbox"/>	Level 3 (2 or more A levels/4 or more AS levels/NVQ level3/Advanced GNVQ/ONC/OND/BTEC National Cert/ Diploma)
<input type="checkbox"/>	Other qualifications below level 1	<input type="checkbox"/>	Level 4
<input type="checkbox"/>	Level 1 (1 to 4 O Levels/ 1 or more CSE/GCSEs any grade/ NVQ level 1/Foundation GNVQ/1 AS level/ BTEC First Certificate)	<input type="checkbox"/>	Level 5
<input type="checkbox"/>	Level 2 (5 or more O levels/ 5 or more GCSEs at grades A-C/1 A level/2-3 AS levels/ NVQ level 2/ Intermediate GNVQ/BTEC First Diploma)	<input type="checkbox"/>	Other qualification, level not known
		<input type="checkbox"/>	I have none of these qualifications

Please indicate the course you wish to enrol upon:

Course(s) Title(s)	Course Number	Course Fee £
1		
2		
3		
4		
	Total Course Fees	

Reduced Fees

Are you entitled to pay a reduced fee on the basis of being in receipt of: (please tick relevant box)

<input type="checkbox"/>	ESA - Income related Employment and Support Allowance	<input type="checkbox"/>	Jobseekers Allowance
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In order to receive the reduced fee please enter your National Insurance Number: _____

Please provide the original complete evidence with this enrolment in the form of a document or letter with a current, valid date.

Student Hardship Fund

If you have a problem paying the fees for a course or are in receipt of one of the following means tested benefits: Council Tax Benefit, Housing Benefit, Income Support, Working Tax Credit with a household income of less than £15,900 or Pension Guarantee Credit, then ask for an application form to apply for financial assistance from the Student Hardship Fund. We may be able to arrange payment over a longer period or, in some cases, arrange a reduction in the fees. For more information please ask the ACRES Office.

To be completed by learners who are undertaking exam courses only (with a Q in the course code)

If you are taking an accredited course and do not already have a unique learner number, we are required to see evidence of ID. Please supply two of the following; passport, driving licence, ID card or other form of national identification, National Insurance card, benefits document, examination certificates or bank card.

Employment Status – please indicate:

<input type="checkbox"/>	Employed	If your employer is paying, please enter their details Employer Name: Address: If your Local Education Authority is paying, please enter their telephone number: If you have ticked 'other' please give details:
<input type="checkbox"/>	Unemployed	
<input type="checkbox"/>	Self employed	
<input type="checkbox"/>	In full time education or training	
<input type="checkbox"/>	Economically inactive	
If employed, is the course relevant to your employment? (please delete as appropriate) Yes / No		
Is your employer giving you time off work to do the course? (please delete as appropriate) Yes / No		
Who is paying your course fee?		
<input type="checkbox"/>	Self	
<input type="checkbox"/>	Employer – Part / Full payment	
<input type="checkbox"/>	Local Education Authority	
<input type="checkbox"/>	Other	

Payment

Please make cheques payable to East Sussex County Council and write your cheque guarantee card number and expiry date on the back together with the course code number(s). For individual course fees in excess of £80, stage payments can be arranged by standing order. Please note that the first payment is payable by cash, cheque or card and should be sent together with a signed Standing Order form authorising further instalments. The second instalment will be taken on 1st November 2011 or, if your course starts after November, one month following the start of your course. Any further instalments, if applicable, will be taken monthly thereafter.

For further details of the instalments payable, please see our brochure, visit our web site www.acreslearning.org.uk or telephone the ACRES office on **01825 761820**.

Full payment	Total amount £
Staged payment	First instalment £

Paid by cash, cheque or card (please indicate method of payment)				
<input type="checkbox"/> Signed Standing Order authority enclosed for further instalments				
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (payable to ESCC)	<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Mastercard	
<input type="checkbox"/> Visa	<input type="checkbox"/> Delta	<input type="checkbox"/> Solo	<input type="checkbox"/> Maestro	
Card holder's name (if different)				
Security Code (last three numbers on reverse of card) <input type="text"/> <input type="text"/> <input type="text"/>				
Credit/Debit Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Expiry Date:		Valid from Date:		Maestro Issue No:

Privacy Notice – How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding (“the Agency”) and, when needed, the Young People’s Learning Agency for England (“the YPLA”) to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency’s Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations are available at:

<http://skillsfundingagency.bis.gov/privacy.htm>

<http://www.ypla.gov.uk/privacy.htm>

<http://www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

From time to time you may be asked to take part in surveys. Please tick this box if you do not wish to be contacted by the Skills Funding Agency or its partners in respect of surveys and research.

You may be contacted from time to time about courses or learning opportunities relevant to you. Please tick this box if you do not wish to be contacted about courses or learning opportunities.

Please tick this box if you wish to opt out of sharing participation and achievement data.

I agree that having enrolled on the above course(s); I am liable to pay the course fee in full. I understand that a course may be cancelled if insufficient students enrol, and that refunds will only be given if a course is cancelled by the college, or on production of a medical certificate.

Signed:

Date:

Please note that should a student be unable to attend the course or withdraw from a course before all sessions have taken place, the place and fees are not transferable to another student.

For all courses, at all of our centres, please return your completed enrolment form to:

ACRES Office

Uckfield Community Technology College

Downsview Crescent

Uckfield

TN22 3DJ