

# Enrolment Form

## Adult College for Rural East Sussex 2010-2011

(Mr/Mrs/Miss/Ms)	Address	Tel: eve:
Forename		Tel: day:
Surname		Mobile:
Date of Birth:	Postcode	e-mail address:
Gender:      M      F	Time spent at current address <input type="text"/>	
Student no. (if known):	Unique Learner no. (if known):	<b>Office Use Only</b> ULN ID (state evidence seen)
If you would like to receive information about future courses by email please tick here <input type="checkbox"/>		

<b>Ethnic Origin</b> 23 <input type="checkbox"/> White – British 18 <input type="checkbox"/> Chinese 98 <input type="checkbox"/> Any other 25 <input type="checkbox"/> Any other White background 14 <input type="checkbox"/> Asian or Asian British – any other Asian background 11 <input type="checkbox"/> Asian or Asian British – Bangladeshi 15 <input type="checkbox"/> Black or Black British – African 16 <input type="checkbox"/> Black or Black British – Caribbean 12 <input type="checkbox"/> Asian or Asian British – Indian 17 <input type="checkbox"/> Any other Black background 24 <input type="checkbox"/> White Irish 22 <input type="checkbox"/> Any other Mixed background 13 <input type="checkbox"/> Asian or Asian British - Pakistani 19 <input type="checkbox"/> Mixed – White and Asian 20 <input type="checkbox"/> Mixed – White and Black African 21 <input type="checkbox"/> Mixed – White and Black Caribbean	Country of Normal residence  Nationality  Have you lived outside the EU in the past 3 years? <span style="float:right">Yes/No</span>  If yes, what country?  Have you taken part in any learning in the last 3 years? <span style="float:right">Yes/No</span>
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<b>Disability/Health Issues</b> Do you have a disability/health issue? Yes/No <input type="checkbox"/> Aspergers syndrome <input type="checkbox"/> Disability affecting mobility <input type="checkbox"/> Emotional/behavioural difficulties <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Medical condition (eg. asthma, diabetes, epilepsy) <input type="checkbox"/> Mental ill health	If YES please specify below <input type="checkbox"/> Multiple disabilities <input type="checkbox"/> Speech, language and communication disorders <input type="checkbox"/> Temporary disability after illness (eg. post viral) or accident <input type="checkbox"/> Visual impairment <input type="checkbox"/> Wheelchair user <input type="checkbox"/> Other - please specify
<b>Learning Difficulties</b> Do you have a disability/health issue? Yes/No <input type="checkbox"/> Autism spectrum condition and learning difficulty <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyspraxia	If YES please specify below <input type="checkbox"/> Moderate learning difficulty <input type="checkbox"/> Multiple learning difficulty <input type="checkbox"/> Other - please specify
Please state if you have any other specific needs you wish to be supported with:  The Student Support Officer will contact you in strict confidence, to discuss your needs (in addition a health questionnaire has to be completed by all students prior to attending a physical activity course)	

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

- Existing Student   
  Brochure   
  Flyer through the door   
  Promotional Event   
  Poster   
  ACRES Website   
  Other Website   
  Word of Mouth   
  Through School/College   
 Other (please specify)

<b>Your Highest Qualification – Please tick the box that applies to you:</b> <input type="checkbox"/> <b>Level 1</b> (1 to 4 O levels/1 or more CSE/GCSEs any grades/NVQ level 1/Foundation GNVQ/1 AS level/BTEC First Certificate) <input type="checkbox"/> <b>Level 2</b> (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"/> <b>Level 3</b> (2 or more A levels/4 or more AS levels/NVQ level 3/Advanced GNVQ/ONC/OND/BTEC National Cert/Diploma) <input type="checkbox"/> <b>Level 4 or 5 or above</b> (Degree/Teaching qualification/NVQ level 4 or 5/HND/High level professional qualifications) <input type="checkbox"/> <b>I have none of these qualifications</b> <input type="checkbox"/> <b>I have other qualifications - level unknown</b>
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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.**

Course(s) Title(s)	Course No.	Course fee £
1		
2		
3		
4		
Total Course Fees		

# Enrolment Form

## Reduced Fees

Are you entitled to pay a reduced fee on the basis of being in receipt of a means tested state benefit, (see page 80)

Yes  No

If Yes, which benefit?

**Please provide a copy of evidence with this enrolment** if you are claiming a reduced fee. Evidence should be in the form of a document, such as the benefit book or a letter giving the type and amount of benefit with a current valid date.

## Student Hardship Fund

If you have a problem paying the fees for a course, whether or not you are entitled to claim the reduced fee, 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 further reduction of fees. **For more information please ask the ACRES Office.**

## To be completed by learners who are undertaking exam courses

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 documentation, examination certificates or bank card.

## Employment Status

Employed

Not Employed (through redundancy)

Not Employed (for reasons other than redundancy)

If employed, is the course relevant to your employment? Yes  No

Is your employer giving you time off work to do the course? Yes  No

Who is paying your course fee?

Self

Employer – Part / Full payment

Local Education Authority

Other

Employer Name:

Address:

Telephone Number:

Please give details:

**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. For individual course fees in excess of £60, **stage payments** can be arranged by standing order. Please note that the 1st payment is payable on enrolment by cash, cheque or card and should be sent together with a signed Standing Order form authorising further instalments. The 2nd instalment will be taken on 1st November 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 page 80 of our brochure, visit our website [www.acreslearning.org.uk](http://www.acreslearning.org.uk) or telephone the ACRES Office on 01825 761820.

FULL PAYMENT  Total Amount: £ .....

Receipt:

STAGED PAYMENTS  1st Instalment £ ..... (paid by cash, cheque or card)

Signed Standing Order authority enclosed for further instalments

CASH  CHEQUE (PAYABLE TO ESCC)  CREDIT/DEBIT CARD

MASTERCARD  VISA  DELTA  SOLO  MAESTRO

Card holders name (if different)

SECURITY CODE  (last three numbers on reverse of card)

CREDIT/DEBIT CARD NUMBER ----

Expiry Date

Valid from Date

Maestro issue No.

You should be aware that information you provide on this form has been requested by the Skills Funding Agency and East Sussex County Council when appropriate, which are registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data but it also allows the council to share information with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes. This will enable them to monitor performance, improve quality and plan future provision. The full data protection statement can be found on page 85, on the ACRES website, or is available from the ACRES Office on request.

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 LSC 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.

## Unique Learner Numbers

The Learners Records Service (LRS) service is operated by the Skills Funding Agency and offers a Learner Registration Service to allocate Unique Learner Numbers (ULNs). This service enables the individual to access participation and achievement data via a website and to share this with other organisations and individuals where permission is granted.

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

Full details of the service can be found on page 85.

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 there is an insufficient number of students attending, 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.