

ENROLMENT FORM & LEARNING AGREEMENT 15/16



Student ID Number

Unique Learner Number (ULN)

Partner Information (if applicable)

Entered into Prosolution

Date

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND SIGN WHERE INDICATED ON THE BACK PAGE.

1. PERSONAL DETAILS

Title Mr/Mrs/Miss/Ms/Other M F

Surname

Forename(s)

Previous family name

Known as

DOB / / Age on 31st Aug 2015

National Insurance Number

ADDRESS DETAILS

Town

County Postcode

Email

Tel: Mobile

Tel: Work

Tel: Home

Time spent at address

1.1 EMERGENCY CONTACT DETAILS

Name Relationship Contact Phone No.

2. NATIONALITY (Please place a cross in the relevant boxes)

Please state your Nationality e.g. British Which country do you normally live in?

Have you been resident in the UK/EEA for the past 3 years? Y N Date of entry into UK/ EEA

Was this for the purpose of full-time education? Y N Are you a refugee or Asylum Seeker? Y N

Note: If you haven't always resided in the UK, we will need to see your passport at enrolment.

Passport Number Issue Date Agent Code

3. ETHNIC ORIGIN How would you best describe yourself?

<input type="checkbox"/> 31 English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/> 37 White and Asian	<input type="checkbox"/> 47 Arab
<input type="checkbox"/> 32 Irish	<input type="checkbox"/> 44 African	<input type="checkbox"/> 45 Caribbean
<input type="checkbox"/> 33 Gypsy or Traveller	<input type="checkbox"/> 39 Indian	<input type="checkbox"/> 43 Any Other Asian Background
<input type="checkbox"/> 34 Any Other White Background	<input type="checkbox"/> 40 Pakistani	<input type="checkbox"/> 38 Any Other Mixed / Multiple Ethnic Background
<input type="checkbox"/> 35 White and Black Caribbean	<input type="checkbox"/> 41 Bangladeshi	<input type="checkbox"/> 46 Any Other Black / African / Caribbean Background
<input type="checkbox"/> 36 White and Black African	<input type="checkbox"/> 42 Chinese	<input type="checkbox"/> 98 Any Other Ethnic Group

4. DISABILITIES & LEARNING DIFFICULTIES

Do you consider yourself to have a learning difficulty and/or disability and/or health problem? Y N If yes, please complete question 4.1

Do you think that you may need additional support whilst attending College? Y N

4.1 LEARNING DIFFICULTIES

01 Moderate Learning Difficulties

02 Severe Learning Difficulties

10 Dyslexia

11 Dyscalculia

19 Other Specific Learning Disability

20 Autism Spectrum Disorder

90 Moderate Learning Difficulties

DISABILITIES

01 Visual Impairment

02 Hearing Impairment

03 Disability Affecting Mobility

04 Other Physical Disabilities

05 Other Medical Condition

06 Emotional / Behavioural Difficulties

07 Mental Health Difficulty

08 Temporary Disability after Illness

09 Profound Complex Disabilities

10 Asperger's Syndrome

90 Multiple Learning Difficulties

97 Other (please specify) _____

If you have more than one learning difficulty and/or disability, please state which is your primary _____

5. **PRIOR ATTAINMENT LEVEL** Please indicate below the highest level of your qualification(s)

PRIOR ATTAINMENT LEVEL English and Maths

✓	Level	Examples
	No previous qualifications	
	Entry Level	Word Power, Number Power, Certificate in Adult Literacy or Numeracy or ESOL Skills for Life
	Level 1	5 or more GCSEs at grades D-G or less than 5 at grades A*-C, NVQ Level 1 or GNVQ foundation, BTEC Level 1, Functional Skills
	Full Level 2	5 or more GCSEs at grades A-C, NVQ level 2, GNVQ Intermediate or BTEC 1st Diploma, Functional Skills.
	Full Level 3	2 or more A Levels, 4 or more AS levels, AVCE Double, NVQ level 3, GNVQ Advanced, Access to HE, National Diploma.
	Level 4	Certificates of Higher Education, HNC, Teaching Qualifications (PTLLS) or NVQ level 4
	Level 5	Foundation Degree, HND or Level 5 NVQ
	Level 6	Bachelor's Degree, PGCE
	Level 7	Masters, PGCE (M Level)
	Other qualification	

Level	English	Maths
	✓	✓
GCSE: X or U or No previous qualifications		
Functional skill Entry Level		
Functional skill Entry Level 2		
Functional skill Entry Level 3		
Functional skill Level 1		
Functional skill Level 2		
GCSE: E - G		
GCSE: D		
GCSE: A* - C		

YOUR CHOICE OF COURSE(S)

(SCCH STAFF USE ONLY)

COURSE TITLE	COURSE CODE	Start	End	Hours	Tuition Fee	Exam Fee	Other Fee	Total Cost

Please confirm whether you are applying for: Intermediate Apprenticeship Advanced Apprenticeship

Employers Details

6. **YOUR EMPLOYMENT/ EDUCATION STATUS PRIOR TO STARTING YOUR COURSE** Depending on your situation, please answer part a and b.

a. Employed

- Up to 3 months
- 4-6 months
- 7-12 months
- 12+ months

b. Employed

- less than 16 hours per week
- 16-19 hours per week
- 20 hours or more per week

a. Unemployed

- Less than 6 months
- 6-11 months
- 12-23 months
- 24-35 months
- Over 36 months

b. Unemployed

- In receipt JSA Other benefits
- In receipt ESA/ WRAG

a. Other

- Full-time education or training
- Self employed
- Other (please specify)

6.1 **HOUSEHOLD SITUATION**

- 01 No household member is in employment and the household includes one or more dependent children
- 02 No household member is in employment and the household does not include any dependent children
- 03 Learner lives in a single adult household with dependent children
- 98 Prefer not to say
- 99 Not applicable

7. **PAYMENT OF COURSE FEES** All fees are payable at enrolment.

You can pay by cash, cheque or credit/debit card (if paying in person at College).

I enclose a crossed cheque made payable to Sussex Coast College Hastings for £ .

If you wish to pay electronically please complete the Fee Payment Form available to download from www.sussexcoast.ac.uk

7.1 **HE PAYMENTS / 24+ LOANS**

Payment of fees is covered by SFE Number Y N

SFE Number

Please attach a copy of the University or College Payment Advice from Student Finance England (SFE)

I enclose a part payment to cover the deposit of the HE fee Y N

Amount paid £ .

7.2 **PAYMENT BY EMPLOYER**

My EMPLOYER has agreed to pay and a cheque is attached.

My EMPLOYER has agreed to pay. A letter is attached on headed paper (a Purchase Order Number is quoted if required)

Please fill in Employer information on next page

DATA PROTECTION & YOUR PERSONAL INFORMATION How we use your personal information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Skills Funding Agency") and the Department for Business, Innovation and Skills (BIS). Where necessary it is also shared with the Department for Education, including the Education Funding Agency. The information is used for the exercise of functions of these government departments and to meet statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009, and to create and maintain a unique learner number (ULN) and a Personal Learning Record (PLR). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research. Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: <https://www.gov.uk/government/publications/sfa-privacy-notice>

If the course is Government funded either through the EFA or the Agency. It could also be eligible for match funding and can therefore be partially funded by the ESF.

I consent to the College and The Partner (where applicable) processing and using the personal and sensitive data set out in this form (the Data) and any other data which the College and The Partner (where applicable) may obtain from me or other people about me for the purposes stated on this form or connected with my studies or any other legitimate reason. with my studies or any other legitimate reason.

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training.

You can opt out of contact for other purposes by ticking any of the following boxes if you DO NOT wish to be contacted:

- new courses/learning opportunities surveys and research

LEARNER AGREEMENT

I have read and completed the above details and agree they are correct.

STUDENT'S SIGNATURE

Date:
□□/□□/□□

PARENT / GUARDIAN'S SIGNATURE (if student is under 16)

Date:
□□/□□/□□

COLLEGE REPRESENTATIVE'S NAME

Date:
□□/□□/□□

HOW DID YOU HEAR ABOUT OUR COURSES?

- Course guide Leaflet Local paper Website Radio
 Event Outdoor banner School Word of mouth Social media Other: _____

ADDRESSES

Station Plaza Campus
Sussex Coast College Hastings
Station Approach
Hastings
East Sussex
TN34 1BA

Ore Valley Campus
Sussex Coast College Hastings
Parker Road
Hastings
East Sussex
TN34 3TT

Call us on 01424 442222 to talk to a Student Adviser or visit our website at www.sussexcoast.ac.uk to view all of our courses.



Funded by



FIND US ON

