

ENROLMENT FORM & LEARNING AGREEMENT 16/17



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 2016

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.

If you are under 18, please provide your parent/guardian/career's email address

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?

<p>White</p> <p><input type="checkbox"/> 31 English / Welsh / Scottish / Northern Irish / British</p> <p><input type="checkbox"/> 32 Irish</p> <p><input type="checkbox"/> 33 Gypsy or Irish Traveller</p> <p><input type="checkbox"/> 34 Any Other White Background</p>	<p>Mixed / Multiple Ethnic Group</p> <p><input type="checkbox"/> 35 White and Black Caribbean</p> <p><input type="checkbox"/> 36 White and Black African</p> <p><input type="checkbox"/> 37 White and Asian</p> <p><input type="checkbox"/> 38 Any Other Mixed/Multiple Ethnic Background</p>	<p>Black / African / Caribbean / Black British</p> <p><input type="checkbox"/> 44 African</p> <p><input type="checkbox"/> 45 Caribbean</p> <p><input type="checkbox"/> 46 Any Other Black / African / Caribbean Background</p>	<p>Other Ethnic Group</p> <p><input type="checkbox"/> 47 Arab</p> <p><input type="checkbox"/> 98 Any Other Ethnic Group</p> <p><input type="checkbox"/> 99 Not Provided</p>
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4. DISABILITIES & LEARNING DIFFICULTIES

Do you consider yourself to have a learning difficulty and/or disability and/or health problem? Y N

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

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

<p>LLDD & Health Problems</p> <p><input type="checkbox"/> 01 Emotional/ behavioural difficulties</p> <p><input type="checkbox"/> 02 Multiple disabilities</p> <p><input type="checkbox"/> 03 Multiple learning difficulties</p> <p><input type="checkbox"/> 04 Visual impairment</p> <p><input type="checkbox"/> 05 Hearing impairment</p> <p><input type="checkbox"/> 06 Disability affecting mobility</p> <p><input type="checkbox"/> 07 Profound complex disabilities</p>	<p><input type="checkbox"/> 08 Social and emotional difficulties</p> <p><input type="checkbox"/> 09 Mental health difficulty</p> <p><input type="checkbox"/> 10 Moderate learning difficulty</p> <p><input type="checkbox"/> 11 Severe learning difficulty</p> <p><input type="checkbox"/> 12 Dyslexia</p> <p><input type="checkbox"/> 13 Dyscalculia</p> <p><input type="checkbox"/> 14 Autism spectrum disorder</p> <p><input type="checkbox"/> 15 Asperger's syndrome</p>	<p><input type="checkbox"/> 16 Temporary disability after illness</p> <p><input type="checkbox"/> 17 Speech, Language and Communication needs</p> <p><input type="checkbox"/> 93 Other physical disability</p> <p><input type="checkbox"/> 94 Other specific learning difficulty</p> <p><input type="checkbox"/> 95 Other medical condition</p> <p><input type="checkbox"/> 96 Other learning difficulty</p> <p><input type="checkbox"/> 97 Other (please specify)</p>
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5a. **PRIOR ATTAINMENT LEVEL**

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/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		

5b. **PRIOR ATTAINMENT ENGLISH AND MATHS**

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		

6. **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

7. **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)

7.1 **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

8. **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

8.1 **HE PAYMENTS / ADVANCED LEARNER LOAN**

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 £ .

8.2 **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 Skills Funding Agency, and the Department for Business, Innovation and Skills. 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. You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training or education. You may be contacted by the English European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme. 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

Please tick one or more of the following boxes to confirm your preferred method of contact. by post by email by phone

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>

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

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

