



# Southend Adult Community College Enrolment Form 2016/17

Please complete all 4 pages of this enrolment form

\*Delete as necessary

PLEASE USE BLOCK CAPITALS

Title: <b>Mr/Mrs/Miss/Ms*</b>	<b>Male/Female*</b>
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First Names:	
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Date of Birth:	
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Surname/Family Name:	
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Current Address

Contact Details
Email:
Mobile:
Day:

Postcode									
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Home:
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How long have you lived at your current address?
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NI Number:									
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(If less than 3 years, please complete the following) Previous Address

Postcode									

Residency
Have you been resident in the UK/European Economic Area for the last 3 years?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, this may affect your fee. Please ask an Education and Careers Adviser for more information.

### Employment Status - Please tick the boxes that best describe your employment status before you enrol

<input type="checkbox"/> Employed 15 hours or less	<input type="checkbox"/> Self-Employed 15 hours or less	<input type="checkbox"/> Not in paid employment and looking for work
<input type="checkbox"/> Employed 16-19 hours	<input type="checkbox"/> Self-Employed 16-19 hours	<input type="checkbox"/> Not in paid employment and not looking for work
<input type="checkbox"/> Employed 19+ hours	<input type="checkbox"/> Self-Employed 19+ hours	<input type="checkbox"/> Retired

### How long have you been Employed / Self-Employed / Unemployed or Retired for? (please tick)

<input type="checkbox"/> 0-3 months	<input type="checkbox"/> 4-6 months	<input type="checkbox"/> 6-11 months
<input type="checkbox"/> 12-23 months	<input type="checkbox"/> 24-35 months	<input type="checkbox"/> 36 months or more
Are you in receipt of ESA (WRAG) or JSA? Please tick as appropriate and attach evidence dated within the last six months	ESA <input type="checkbox"/>	JSA <input type="checkbox"/>
Are you in receipt of Universal Credit (Mandated to training)? Please tick as appropriate and attach evidence dated within the last six months	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you in receipt of another income based state benefit (including non-mandated Universal Credit)? Please specify and attach evidence dated within the last six months		

### Household Situation - Please tick which of the following statements apply (one or more may apply)

No member of the household in which I live (including myself) is employed	<input type="checkbox"/>
The household that I live in includes only one adult (aged 18 or over)	<input type="checkbox"/>
There are one or more dependent children (aged 0-17 years or 18-24 years if full time student or inactive) in the household	<input type="checkbox"/>
None of these statements apply	<input type="checkbox"/>
I confirm that I wish to withhold this information	<input type="checkbox"/>

	Course Code:	Course Name:	Amount you are paying (£):	Course Information & Advice:	Office Use Only:
Course 1					
Course 2					
Course 3					
<b>TOTAL AMOUNT:</b>					

If you will have difficulty meeting the fee for this course, or are not working and wish to study this course to get into work, please complete a Hardship/Access Fund application form available from Reception, and return it with your enrolment form. You can also pay by instalments, please speak to a member of staff for further information.

What is the highest qualification (or equivalent) you hold?
<input type="checkbox"/> Below Level 1 (Entry Level)
<input type="checkbox"/> Level 1 (GCSE Grade D-G, Diploma, Award or Certificate at Level 1)
<input type="checkbox"/> Level 2 (5 x GCSEs A-C, Diploma, Award, Certificate at Level 2)
<input type="checkbox"/> Level 3 (2 or more A-Levels, Level 3 Diploma)
<input type="checkbox"/> Level 4 (Certificate of Higher Education, Award, Certificate or Diploma at Level 4)
<input type="checkbox"/> Level 5 (Foundation degree, Award, Certificate or Diploma at Level 5)
<input type="checkbox"/> Level 6 (Bachelor Degree, Award, Certificate or Diploma at Level 6)
<input type="checkbox"/> Level 7+ (Master's Degree, Post-Graduate/Diploma, Doctorate, Award, Certificate or Diploma at Level 7 or 8)

Emergency Contact Number
In the event of an emergency, please supply a name and telephone number of a person you would wish us to contact.
<b>Name:</b> _____ <b>Telephone Number:</b> _____

Equal Opportunities and Safeguarding
The College is committed to ensuring equality for all current and potential students irrespective of gender, disability, age, ethnicity, sexual orientation, learning difficulty, marital status or faith. To enable the Skills Funding Agency/EFA to ensure that we are providing education and training for all, we are asked to collect details of any disability and/or learning difficulty or health problem. For wheelchair users and those with mobility difficulties the information will be used to inform health and safety in the event of an evacuation. The college is also committed to providing a safe environment and promoting the welfare of all and expects all staff, learners and volunteers to share this commitment.

Please tick as many of the following that apply:			
<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>	Asperger's syndrome
<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Temporary disability after illness (eg: post viral) or accident
<input type="checkbox"/>	Disability affecting mobility	<input type="checkbox"/>	Other physical disability
<input type="checkbox"/>	Profound complex disabilities	<input type="checkbox"/>	Other learning difficulty (eg: Dyspraxia)
<input type="checkbox"/>	Social and emotional difficulties	<input type="checkbox"/>	Other medical condition (eg: epilepsy, asthma, diabetes)
<input type="checkbox"/>	Mental health difficulty	<input type="checkbox"/>	Other learning difficulty
<input type="checkbox"/>	Moderate learning difficulty	<input type="checkbox"/>	Other disability
<input type="checkbox"/>	Severe learning difficulty	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Dyslexia	<input type="checkbox"/> Do you require use of the lift due to mobility difficulties?	
<input type="checkbox"/>	Dyscalculia		
<input type="checkbox"/>	Autism spectrum		

Please indicate which of the above you consider to be your primary disability/difficulty:
By completing these details, you are consenting to this information being passed to an education and careers advisor or your tutor to help us to improve your learning experience.

Equipment and Support
If you wish an Education and Careers Adviser to contact you to discuss any equipment or support we may be able to provide, please tick this box <input type="checkbox"/>
<b>(You must apply for support for every course on which you enrol each academic year)</b>

**How would you describe your background? Please tick below**

<b>White</b>			
<input type="checkbox"/>	English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>	Irish
<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>	Any other white background
<b>Mixed/multiple ethnic Group</b>			
<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Any other Mixed/multiple ethnic group
<b>Asian/Asian British</b>			
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other Asian background		
<b>Black/African/Caribbean/Black British</b>			
<input type="checkbox"/>	African	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Any other Black/African/Caribbean background		
<b>Other ethnic group</b>			
<input type="checkbox"/>	Arab	<input type="checkbox"/>	Any other ethnic group
<b>How did you hear about our Courses?</b>			
<input type="checkbox"/>	Friends/Family/Work Colleagues	<input type="checkbox"/>	Website
<input type="checkbox"/>	College Brochures & Prospectus	<input type="checkbox"/>	Previous course at the College
<input type="checkbox"/>	Email Broadcast	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Advertising (please specify where)		

**College/Student Agreement**

<b>What can you expect of the College?</b>
<p><b>You have the right to expect:</b></p> <ul style="list-style-type: none"> <li>• Professional and committed staff that will support you appropriately throughout the course, and help you to record your progress.</li> <li>• A good learning environment that takes account of your educational needs.</li> <li>• Class meetings which start and end at the published times and dates.</li> <li>• An environment which respects the rights of all individuals, and which is safe and free from harassment of any kind.</li> <li>• A prompt response to any concerns you bring to our attention.</li> <li>• A chance to evaluate your course and feedback comments to the College.</li> </ul> <p><b>We expect you to:</b></p> <ul style="list-style-type: none"> <li>• Attend your course regularly.</li> <li>• Arrive punctually for your class.</li> <li>• Identify your needs, set goals and regularly review your progress.</li> <li>• Abide by the regulations of the College, and work with others to create a good learning environment for all.</li> <li>• Participate fully in your chosen course recognising that learning is primarily your responsibility.</li> <li>• Inform your tutor of any difficulties or concerns you may have about the course or the College.</li> <li>• Respect the rights of all individuals to be free from harassment of any kind.</li> <li>• Tell us promptly if you are unable to attend or if your circumstances change.</li> <li>• Undertake any accreditation associated with this course.</li> <li>• Notify us immediately of any change in personal details.</li> </ul>

## Privacy Notice - How We Use Your Personal Information (updated March 2016)

How We Use Your Personal Information The personal information you provide is passed to the Skills Funding Agency, the Department for Business, Innovation & Skills and Southend on Sea Borough Council. Where necessary it is also shared with the Department for Education, including the Education Funding Agency.

The information you supply will be used by the Skills Funding Agency, an Executive Agency of the Department for Business, Innovation and Skills, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. For more information about how your information is processed and shared refer to the Extended Privacy Notice available on Gov.UK. 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.

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>

The College is required to contact learners after they have finished their course/s to identify the impact that their learning has had (life outcomes). Please note that this contact will be made by e-mail/text message where possible. This information will play a vital part in ensuring that central government are able to see the benefits of learning and continue to allocate the funding necessary to continue with our offer. Your support in responding will be greatly appreciated.

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

About courses or learning opportunities

For surveys or research

By phone

By email

By post

## Would you like to suggest a new course?

We are proud of the number and diversity of courses that we offer; however, we are always on the lookout for new ideas. With that in mind, we have created a section that allows you to suggest new courses. Suggestions can be for either vocational courses (courses concerned with skills needed for an occupation, trade, or profession) or part-time hobby/leisure courses. If enough interest is received and a suitable tutor is available, we will email you with the course details.

**Your course suggestion:**

## Refund Policy

In the event that you need to cancel your enrolment, you can have a full refund of tuition fees, provided that we are notified in writing within a least one week of the start date of the course. Please note all courses include an administration charge, as stated in the College prospectus, which is non-refundable. For further details and information please contact a member of staff on 01702 445700 who will be happy to assist you.

## Learner Declaration

I confirm that the details contained on all sides of this form are correct. I agree to pay any outstanding fees not paid at enrolment. If you have taken out an Advanced Learning Loan, this document forms your contract with the college. I have received enough information about the course(s) for which I am enrolling to make an informed choice and I am aware of the range of support that is available to help my learning.

**Signed:**

**Full Name:**

**Date:**

**Unique Learner Number (if known)**

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**Student ID Code (if known)**

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