

ENROLMENT FORM

Name of Centre

ELIGIBILITY

Have you been continuously living in the UK/EEA/EU as a resident for the last 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If you answered YES please go to section 1
Are you a family member of a UK/EEA/EU citizen who has been living in the UK for the last 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If you answered YES please go to section 1

If you have answered NO to both of the above, please contact a member of the LASALS reception staff regarding eligibility before filling in this form.

PLEASE USE BLOCK CAPITALS (the name you provide will appear on any certificates.)

Section 1 PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr Other Male Female

First Name(s) Family/Surname:

Address:

Postcode:

Date of Birth: DD/MM/YYYY Age on first day of learning:

Tel. No.: (day) (eve) Emergency:

Mobile: Email:

Enter details of the course/s you wish to study below

Course Code	Course Title	Start Date	Fee £

Section 2 EMPLOYMENT STATUS ON FIRST DAY OF LEARNING

Please tick all boxes that describes your current status.

<input type="checkbox"/> Employed for between 0 - 10 hours per week <input type="checkbox"/> Employed for 11-20 hours per week <input type="checkbox"/> Employed for 21 - 30 hours per week <input type="checkbox"/> Employed for 31+ hours per week <input type="checkbox"/> Self employed (indicate number of hours per week) <input style="width: 50px;" type="text"/> <input type="checkbox"/> Retired and not looking for work <input type="checkbox"/> Not in paid employment and not looking for work <input type="checkbox"/> Not in paid employment, looking for work and available for work Please state current length of employment status in boxes opposite.	<input type="checkbox"/> Unemployed for less than 6 months <input type="checkbox"/> Unemployed for 6-11 months <input type="checkbox"/> Unemployed for 12-23 months <input type="checkbox"/> Unemployed for 24-35 months <input type="checkbox"/> Unemployed for over 36 months <input type="checkbox"/> Employed for less than 3 months <input type="checkbox"/> Employed for 4 - 6 months <input type="checkbox"/> Employed for 7 - 12 months <input type="checkbox"/> Employed for over 12 months
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Section 8**ETHNICITY**

Please tick the one box that describes your ethnic origin most closely.

White

- English / Welsh / Scottish / Northern Irish / British
 Irish
 Gypsy or Irish Traveller
 Any other white background

Mixed / Multiple ethnic group

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed / multiple ethnic background

Asian / Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background

Black / African / Caribbean / Black British

- African
 Caribbean
 Any other Black / African / Caribbean background

Other ethnic group

- Arab
 Any other ethnic group
 Not known / not provided

Section 9**LEARNERS WITH LEARNING DIFFICULTIES, DISABILITIES**

Please tick any of the boxes in column A to indicate any disabilities, learning difficulties and/or health problems you have. Please tick the box in column B to identify the one that affects you the most.

	Column A	B		Column A	B
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	Autism spectrum disorder	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	Aspergers syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Disability affecting mobility	<input type="checkbox"/>	<input type="checkbox"/>	Temporary disability after illness	<input type="checkbox"/>	<input type="checkbox"/>
Disability affecting mobility (wheelchair user)	<input type="checkbox"/>	<input type="checkbox"/>	Speech, language and communication needs	<input type="checkbox"/>	<input type="checkbox"/>
Profound / complex disabilities	<input type="checkbox"/>	<input type="checkbox"/>	Other physical disability	<input type="checkbox"/>	<input type="checkbox"/>
Social and emotional difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Other specific learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Mental health difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Other medical condition	<input type="checkbox"/>	<input type="checkbox"/>
Moderate learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Other learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Severe learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Other disability	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>	<input type="checkbox"/>			

The Disability Discrimination Act (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities and has lasted or is likely to last at least 12 months. Since 2005 people with HIV, Cancer, Multiplesclerosis and severe disfigurement are covered by the DDA.

You have the right **NOT** to disclose your disability (including learning difficulties) but this may mean we will not be able to provide you with relevant support.

Section 10**ADDITIONAL LEARNING SUPPORT**

Do you have any difficulties or disabilities that may affect your learning? No Yes

Have you already had an assessment regarding this? No Yes

If you have indicated that you have any difficulties or disabilities that may affect your learning you will be contacted by a member of the learning support team in order for us to discuss your needs.

Section 11**EDUCATION, HEALTH AND CARE PLAN**

Are you 16 - 24 years of age and have an Education, Health and Care Plan in place No Yes

If you have indicated yes to this question you will be contacted by a member of staff to discuss your needs.

How We Use Your Personal Information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its 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). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can opt out of contact or agree to be contacted for other purposes by ticking any of the following boxes.

- I agree that I can be contacted about courses or learning opportunities. (This includes being notified about changes to your current course such as cancellations and time changes)
- I agree that I can be contacted about surveys and research. I agree that I can be contacted about exam timetables and results.
- I agree that I can be contacted by post. I agree that I can be contacted by phone.
- I agree that I can be contacted by e-mail.

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:

<https://www.gov.uk/government/publications/esfa-privacy-notice>

Signed (Learner)

Date

I confirm that I won't attend my class if I, or anyone in my household are displaying symptoms of COVID19. I will comply with the COVID secure arrangements in place at all times including social distancing and safe management of tools and resources. I understand that, in the event of a confirmed case of COVID19 on site, my attendance details will be shared with Public Health and the NHS as part of the Track and Trace procedures.

Signed (Learner)

For Office Use - Residency

Evidence seen

Checked by _____

Date _____

For Office Use - Fee Remission / LSF

Evidence seen

I have seen the appropriate evidence and am satisfied that the person is entitled to fee remission / Learner Support Fund claimed.

- Eligible for full fee remission (NI number given)
- Non-funded learner

Eligible for part fee remission
Student Loan

Staff signature _____

Date _____

ALS referral