

ADULT SKILLS & FAMILY LEARNING ENROLMENT FORM/LEARNING AGREEMENT 2019/2020

www.lincolnshire.gov.uk

www.2aspire.org.uk



The information provided in this form will be used by the learning provider and Lincolnshire County Council (LCC) to process your enrolment, arrange funding for your course through the Education & Skills Funding Agency and to deliver the course. In addition, the information will be used by LCC to monitor service and contract delivery. LCC may share information you have provided with learning providers to ensure that the data is accurate and up to date. You can find out more about how we use your personal data in the Learner Handbook, available on our website www.2aspire.org.uk

Please complete all sections below clearly in black ink. Failure to complete the form correctly may delay your enrolment. If you require this form in a larger print size please ask your tutor or learning provider.

Fields marked with * are mandatory. Fields marked with ** are mandatory for qualification courses only.

Course Code	Course Title	Day	Time	Venue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. PERSONAL DETAILS	
Title (Ms, Mrs, Mr, Miss)*	Daytime tel.*
Surname*	Mobile tel.
Forename*	Email*
Gender*	Date of Birth*
Address	Please enter your National Insurance Number**
	Unique Learner Number:
Post Code*	
<input type="checkbox"/> Tick this box if you consent to us taking and using your photograph for publicity purpose. (Please note photographic files will be stored within the Lincolnshire County Council Media Library for five years)	
<input type="checkbox"/> Tick this box if you consent to us using your learner story for publicity purposes.	
Please ensure you have provided us with the relevant information in your details above.	

ABOUT YOU

This information is about you. By completing this section you are helping us to monitor our compliance with equality legislation and to ensure that your specific needs are supported when delivering this service to you.

2. YOUR ETHNICITY, NATIONALITY AND FIRST LANGUAGE*

White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group
<input type="checkbox"/> 31 English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/> 35 White and Black Caribbean	<input type="checkbox"/> 39 Indian	<input type="checkbox"/> 44 African	<input type="checkbox"/> 47 Arab
<input type="checkbox"/> 32 Irish	<input type="checkbox"/> 36 White and Black African	<input type="checkbox"/> 40 Pakistani	<input type="checkbox"/> 45 Caribbean	<input type="checkbox"/> 98 Any other ethnic group
<input type="checkbox"/> 33 Gypsy or Irish Traveller	<input type="checkbox"/> 37 White and Asian	<input type="checkbox"/> 41 Bangladeshi	<input type="checkbox"/> 46 Any other Black / African / Caribbean background	<input type="checkbox"/> 99 Not known / Prefer not to say
<input type="checkbox"/> 34 Any other White background	<input type="checkbox"/> 38 Any other Mixed / Multiple ethnic background	<input type="checkbox"/> 42 Chinese		
		<input type="checkbox"/> 43 Any other Asian background		
Nationality <input type="text"/>	First Language <input type="text"/>			

3. EQUALITY & DIVERSITY*

Do you have a learning difficulty/disability? Yes No (If Yes, please tick the boxes that apply to you)

- | | | |
|---|---|--|
| <input type="checkbox"/> 4 Visual impairment | <input type="checkbox"/> 11 Severe learning difficulty | <input type="checkbox"/> 93 Other physical disability |
| <input type="checkbox"/> 5 Hearing impairment | <input type="checkbox"/> 12 Dyslexia | <input type="checkbox"/> 94 Other specific learning difficulty |
| <input type="checkbox"/> 6 Disability affecting mobility | <input type="checkbox"/> 13 Dyscalculia | <input type="checkbox"/> 95 Other medical condition |
| <input type="checkbox"/> 7 Profound / complex disabilities | <input type="checkbox"/> 14 Autism spectrum disorder | <input type="checkbox"/> 96 Other learning difficulty |
| <input type="checkbox"/> 08 Social and emotional difficulties | <input type="checkbox"/> 15 Asperger's syndrome | <input type="checkbox"/> 97 Other disability |
| <input type="checkbox"/> 09 Mental health difficulties | <input type="checkbox"/> 16 Temporary disability after illness / accident | <input type="checkbox"/> 98 Prefer not to say |
| <input type="checkbox"/> 10 Moderate learning difficulty | <input type="checkbox"/> 17 Speech, language & communication needs | <input type="checkbox"/> 99 Not provided |

To help us support your needs, please indicate your main difficulty/disability in the box below

4. PRIOR ATTAINMENT*

- | | | |
|---|--|---|
| <input type="checkbox"/> No formal qualifications | <input type="checkbox"/> Level 2 (5 GCSEs at grade C or above up to 3 AS-levels) | <input type="checkbox"/> Level 6 |
| <input type="checkbox"/> Entry level | <input type="checkbox"/> Level 3 (2 or more A-levels or equivalent) | <input type="checkbox"/> Level 7 |
| <input type="checkbox"/> Below level 1 (other qualifications) | <input type="checkbox"/> Level 4 (first degree) | <input type="checkbox"/> Other qualification, level not known |
| <input type="checkbox"/> Level 1 (GCSEs grade D or below) | <input type="checkbox"/> Level 5 (post graduate qualification) | |

Do you have a GCSE grade A*-C in: English Yes No Maths Yes No

5. APPLICATION FOR REDUCED FEE*

You may be eligible for concessions if any of the following apply

- I receive Job Seeker's Allowance I receive Employment and Support Allowance (WRAG - Work related activity group) I receive Universal Credit I earn less than £16,009.50 per year
- I receive a state benefit, other than J.S.A, Universal Credit or Employment and Support Allowance WRAG
- I am unemployed and in receipt of state benefit and wish to enter employment (please specify benefit):
-
- I do not have a full level 2 (5 GCSEs at Grade C or above/up to 3 AS Levels) I was aged over 65 on or before 31.08.2019 I am an offender serving my time in the community
- I am an asylum seeker in receipt of the equivalent of income-based benefit (assistance under the terms of the Immigration and Asylum 1999) and their dependents

Fee status:

- Full Fee Concessionary Fee Free course

You must bring your original documentary evidence with your application before a place can be confirmed

6. CURRENT EMPLOYMENT STATUS Please select your current employment status*

- | | | |
|---|--|--|
| <input type="checkbox"/> Employed for 0-10 hours a week | <input type="checkbox"/> Employed for up to 3 months | <input type="checkbox"/> In full time education or training prior to enrolment |
| <input type="checkbox"/> Employed for 11-20 hours a week | <input type="checkbox"/> Employed for 4 months – 6 months | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Employed for 21-30 hours a week | <input type="checkbox"/> Employed for 7 months – 12 months | <input type="checkbox"/> Unemployed and not looking for work |
| <input type="checkbox"/> Employed for more than 31 hours per week | <input type="checkbox"/> Employed for more than 12 months | <input type="checkbox"/> Unemployed and looking for work |

If you are unemployed, please state how long you have been unemployed for:

- Less than 6 months 6 – 11 months 12 – 23 months 24 – 35 months 36 months or more

7. HOUSEHOLD SITUATION*

- | | |
|--|---|
| <input type="checkbox"/> No household member is in employment and the household includes one or more dependent children (HHS1) | <input type="checkbox"/> Learner lives in a single adult household, irrespective of their employment status, with one or more dependent children (HHS3) |
| <input type="checkbox"/> No household member is in employment and the household does not include any dependent children (HHS2) | <input type="checkbox"/> None of the above applies (HHS99) |

8. LEARNER SUPPORT

Financial Support: Do you require any additional support, for example financial support for transport or childcare, from the Learner Support fund, to participate in your course? Yes No

If you have answered yes, please ask your Tutor for a Learner Support Fund application form.

Personal Support: If you require additional personal support to participate in your course, for example help with Literacy or Numeracy, please notify your Tutor and outline in the box below what support you need.

9. PERSONAL INFORMATION, ELIGIBILITY AND LEARNER'S DECLARATION*



Privacy Notice - 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 personal information can be accessed by other LCC training providers to allow for accuracy of data reporting to the ESFA.

Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation.

You can agree to be contacted by other third parties by ticking any of the following boxes:

- About courses or learning opportunities.
- For surveys and research.

- By post.
- By phone.
- 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>

Data Protection: Data Protection. Lincolnshire County Council is registered with the Information Commissioner under the General Data Protection Regulation (GDPR), 2018, and all information will be processed in accordance with the Act. 01.08.2019

Eligibility: If you are not a UK / EEA* / Swiss citizen (or spouse / child thereof), and have not resided in the UK / EEA / Switzerland for the past 3 years, please contact your tutor for information on eligibility.

* EEA Countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom

Learner's Declaration

- I agree to comply with all health and safety requirements and that the provider reserves the right to deny access if I fail to comply.
- I understand and accept that the Learning Service may have to change, or close, or combine classes, if a class is not available.
- I have been informed that this programme is part funded by the European Social Fund
- I agree to follow the Learner Code of Conduct
- I understand that I am required to provide documentary evidence in support of any fee reduction that I am claiming with my application
- I declare that the information on this form is correct and that I am 19 years, or over, on or before the 31.08.2019

Signed by Learner

Date

STAFF USE ONLY

LEARNER CODE:

Eligibility verification

Concession: type of proof

Passport No.

ULN Verification: Evidence provided

Application Registration Card date of issue

Disability

Date Learner contacted: _____

Date Tutor contacted: _____

Method: _____

Follow-up: _____

Authorised Signature