

Community Learning
and Skills Service
Enrolment Form

Office Use Only

Learner number **Inputter**

Date on MIS - -

Valid ID Passport Driving Licence EU Nat. ID Card
 NI Card Bank Cr/Dr Card

Other **Authorised by**

Benefits letter seen JSA ESA (WRAG) Universal Credit (mandated)
Referred from JCP Other

1. What is your name?

Please write full name in block capitals

Title (Mr, Mrs, Miss)

First name/given name

Last name/surname

2. What is your phone number?

Home/work phone

Mobile phone

3. What is your email address?

Please be aware that we may use your email to inform you of our services

4. Who should we contact in an emergency?

First name

Last name

Telephone

5. What gender are you?

 Male

 Female

6. What is your date of birth?

Day Month Year

 - -

7. What is your National Insurance Number?

8. What is your address?

 Postcode

9. What is your nationality?

10. How did you hear about Community Learning and Skills Service?

Leaflet or brochure

Newspaper

Job Centre

Word of mouth or friend

Learning venue

MyCouncil

Library

Adult guidance

Other (please state)

11. What qualifications do you have?

Please tick any that you have.

- Entry level
- Other qualifications below level 1
- Level 1 (GCSE/O Levels)
(5 or more with grades D-G or 3 AS levels)
- Level 2 (5 or more A*-C GCSE/O Levels)
- Level 3 (A Levels)
(2 or more A level passes, 4 or more AS level passes)
- Level 4 (HNC/QLF Level 4 quals)
- Level 5 HND/Foundation Degree/QLF Level 5 quals
- Level 6 Bachelors Degree/Graduate Certs and Diplomas
- Level 7 or above PG Certs/Diplomas, Masters Degree and above
- No qualifications
- Other, please specify.....

12. Do you have any disabilities or learning difficulties? Please tick any that apply.

- Yes No
- Visual impairment
- Hearing impairment
- Disability affecting mobility
- Profound complex disabilities
- Social and emotional difficulties
- Mental health difficulties
- Moderate learning difficulty
- Severe learning difficulty
- Dyslexia
- Dyscalculia
- Autism spectrum disorder
- Aspergers syndrome
- Temporary disability after illness eg. Post viral
- Speech, language and communication needs
- Other physical disability
- Other specific learning disability
- Other medical condition
- Other learning difficulty
- Other disability
- Prefer not to say

Of the above, which is your primary difficulty/disability?

13. Do you need help with English and maths support?

- Yes No

If yes, please tick all that apply

- English Maths

14. Are you?

- Carer Lone parent

15. What is your employment status?

- Unemployed and available to start work - go to Q18
- Unemployed and not available to start work - go to Q18
- Employed - go to Q16
- Self-employed - go to Q16
- In full-time education - go to Q20
- Retired - go to Q18
- Other (please state) - go to Q20

16. How many hours per week do you work?

- Under 16 16-19 20+

17. How long have you been working?

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

Please go to Q20.

18. If you are unemployed/not working/retired, how long for?

- Up to 6 months 6-11 months
- 12-23 months 24-35 months
- Over 36 months

19. Are you unemployed and on benefits and intend to take a qualification to enable you to seek employment?

- Yes No If yes, please sign below

20. What is your residential and immigration status?

Have you lived in the UK or EU or EEA for 3 years or more?

Yes No If yes please go to Q21.

If no, are you an EEA migrant worker?

Yes No

Are you a refugee?

Yes No

Are you the husband, wife or civil partner of one of the above?

Yes No

If yes, which?

If you are married to a British citizen, how long have you been married?

How long have you lived in UK/EU/EEA after marriage?

Are you an asylum seeker?

Yes No

If yes, have you lived in the UK for 6 months or more?

Yes No

Do you get support from the Government?

Yes No

21. Are you claiming a benefit?

Yes No

The following may qualify for a fee discount. If yes, please tick each you are claiming

Please provide recent evidence.

- Job Seekers Allowance
- Employment Support Allowance (WRAG)
- Pensions Credit (Guarantee Credit)
- Income Support
- Working Tax Credit (household income of less than £16,105)
- Housing Benefit
- Council Tax Support
- Universal Credit (work related) (required to undertake skills training)

22. Are you aged 19-23 and taking your first level 2 qualification?

Yes No

If yes, please sign below

23. What is your ethnic origin?

This is optional but it's helpful to know your background so we can monitor our service to all communities.

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Other White

Mixed/multiple ethnic group

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed/multiple ethnic group

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian or Asian British

Black/African/Caribbean/Black British

- African
- Caribbean
- Other Black/African/Caribbean/Black British

Other ethnic group

- Arab
- Other (please state)

24. What course(s) would you like to enrol on?

Course code	Course title	Day	Time	Start date	Fee

Receipt no.

Total £

25. Would you like to talk to an employment and learning advisor about your medium term plans?

Yes No

26. How will you pay for your course?

- Cash (do not send by post)
 Cheque (payable to Slough Borough Council)
 Debit/credit card

27. You need to present ID. Which ID are you providing?

- Passport Driving License
 National ID card Bank card
 Other (please state)

If you are claiming a discount please provide evidence of benefit.

28. 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
 The household that I live in includes only one adult (aged 18 or over)
 There are one or more dependent children (aged 0-17 years or 18-24 years if full time student or inactive) in the household
 None of these statements apply
 I confirm that I wish to withhold this information

Application by post

If the course is not a qualification and you are paying the full fee, or it is free, you can send this form and a cheque by post to the address below. All other enrolments need to be at a centre with your proof of benefit or if you are paying in full with cash.

Slough Community Learning and Skills Service
 St Martins Place, 51 Bath Road, Slough SL1 3UF
 Tel: 01753 476611

RBWM Community Learning and Skills Service
 Riverside Centre
 West Dean, Maidenhead SL6 7JB
 Tel: 01628 685647

Learning agreement and declaration

Learning programme

- I agree to the terms and conditions published in the course brochure.
- I confirm I have received suitable information and advice for my learning programme.
- I am satisfied that I fully understand the requirements of the programme and agree to be bound by the conditions of entry which are available on request.
- I agree to comply with the policies and procedures of this centre including e-safety.
- I do not have a place on a course until confirmed by letter from the Community Learning and Skills Service.
- I agree to any media being used for at least five years for the purpose of promotion.
- I agree to receive information from Slough Borough Council via email or post.
- I agree to join the Slough Library service.

Learner signature

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:

- About courses or learning opportunities For surveys and research
 By post By phone By email

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: www.gov.uk/government/publications/sfa-privacy-notice

Data protection act 1998 - the information you provide on this form will be passed to the Skills Funding Agency (the SFA). The SFA is responsible for funding and planning education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which the SFA will share information include, the Department for Education and Skills, National Careers Service, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the SFA or its partners. The SFA is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and what they do, may be found at www.sfa.gov.uk, and by following the links to data protection.

I declare that all the information I have provided is accurate and that I have read and understood the statement relating to Data Protection and media consent.

Learner signature

Date / /

Staff signature

Date / /