Form 06	Family Le	mily Learning Enrolment & Agreement Form			Personal circumstances: Fees: I WILL be paying fees for this course I will NOT be paying fees for this course I am in receipt of the following benefits. (Using the list below please tick the boxes to indicate which benefits you are in receipt of)				
	Inspire Lea	arning	Version 6.7	Jobseeker's Allowanc	-		city Benefit		
					ax Benefit (not single person's c		n Credit (not savings cre	dit)	
About you: Title:	Mr Mrs Miss	Ms (please circle) Unique L	earner No.	Income Support		An unw	aged dependant of those	e listed above	
Surname		First Name		Employment and Sup	port Allowance		Identified elements of Universal Credit (see paperwork		
Home Address				Working Tax Credit		guidan	ce for details)		
		Empil							
Home Postcode		Email		Employment state	us:	2. If you are	e unemployed/not workin	g/retired, how long for?	
Contact Tel		Gender (M or F)	Date of Birth d d m m y y y y	1. What is your employm	nent status?	Less that	an 6 months	6-11 months	
Have you been a perma	anent resident of the U	IK or an EU/EEA Country for the	last 3 years? Yes No		ent - looking for and available to	start 12-23 m	ionths	24-35 months	
Nationality		National Insurar	nce Number	work - go to Q2	ant an at the state of the second state is a	36 mon	ths or more		
				work - go to Q2	ent - not looking for or available t		ny hours per week do you	ı work?	
	e tick appropriate box)			Employed - go to Q3		Under 1		20+	
White: English, Welsh, Scottis	h Northorn Irich	White and Asian	Black/African/Caribbean/Black British: African	Self-employed - go to	Q3				
British	n, norment insit,	Any other Mixed, multiple ethnic background	Caribbean	In full-time education		4. How long	g have you been working	1?	
Irish		Asian/Asian British:	Any other Black, African, Caribbean	Retired - go to Q2		Up to 3	months	4-6 months	
Gypsy or Irish Travelle		Indian	background	Other (please state)		7-12 mc	nths	More than 12 months	
Any other White backg		Pakistani	Other ethnic group:						
Mixed/multiple ethnic g White and Black Carib		Bangladeshi	Arab	Level of learning	What is the highest level	of qualification you alread	idy have? (please tick i	appropriate box)	
White and Black Carlo		Chinese	Any other ethnic group	Entry level or other qu	alification below level 1	Level 5 H	ND/Foundation Degree/	QLF Level 5 quals	
		Any other Asian background			els), (5 or more with grades D-C	G or 3 AS Level 6 B	achelors Degree/Gradua	ate Certs and Diplomas	
Disabilities, learnin	g difficulties and	health problems:		levels)			above PG Certs/Diplon	nas, Masters Degree and	
			need to fully participate on this course	Level 2 (5 or more A*-	· ·	above			
The tutor will use the following information to plan with you any support you may need to fully participate on this course Do you consider yourself to have a disability and/or learning difficulty? Yes No <i>(if yes please complete section below)</i>			level 3 (A Levels), (2	or more A level passes, 4 or m					
Do you consider yourself to have a disability and/or learning difficulty? Yes No <i>(if yes please complete section below)</i> Please put <u>1</u> in the box for the main disability or learning difficulty that may impact on your learning. Please put <u>2</u> in the box for			Level 4 (HNC/QLF Lev	vel 4 quals)	Other (pre	ease specify)			
		es that may impact on your learn			any education or training in	the last 3 years? Ye	es No		
Visual impairment	Dy	slexia	Other medical condition (for example	riave you taken part in t	any could for training in				
Hearing impairment		scalculia	epilepsy, asthma, diabetes)	Additional equality	ty monitoring: In ord	or to monitor the offective	anoon of roor uitmont to	our courses to opsure they	
Disability affecting mo	bility Au	tism spectrum disorder	Other learning difficulty	are inclusive and open	to all members of the comm	unity, we need to ask you	for certain informatio	n about vourself related to	
Profound complex disa	abilities As	perger's syndrome	Other physical disability		protected by law. If you pre			-	
Social and emotional of	101	mporary disability after illness (for ex		Gender re-assignment:					
Mental health difficulty		st-viral) or accident	Prefer not to say	Is your current gender ide	entity the same as the gender yo	ou were assigned at birth?	Yes No Pre	efer not to say	
Moderate learning diff		eech, language and communication her specific learning difficulty (e.g.	needs Not provided	Marital Status: Are you?					
Severe learning difficu		spraxia)		Married or in a civil pa	artnership	Single/Never married	Other		
Do you consider yourse		blem which may affect you on th	is course? Yes No	Separated/Divorced		Widowed	Prefer not to s	ау	
				Sexual orientation: How	v would you describe your se	exual orientation?			
	-	ttending this course are required)		Heterosexual/straight		Gay Man	Other		
Are you the child/ren's:	Mother / Step Mother		Carer Grandparent	Gay woman/lesbian		Bisexual	Prefer not to s	ау	
Child's Name		DOB d d m m y	y UPN No	Religion and/or belief?					
Child's Name		DOB d d m m y	y UPN No	No religion	Buddhist	Christian	Hindu	Jewish	
Child's Name		DOB d d m m y	y UPN No	Muslim	Sikh	Prefer not to say	Other		
Course details				Pregnancy and maternit	ty: Are you currently pregnant of	or have you been pregnant	in the last year? Yes	No Prefer not to say	
	rovider		Provider Course Ref	Signature:					
Title	Start Date	Day Time	Venue		tographe may be taken at th	e course. These could be	used for publicity	Copies to: Grey copy - Inspire	
					tographs may be taken at thi the box if you DO NOT want		used for publicity	Yellow copy - Provider	
Evidence of learner's i	dentity seen by provid	der (please tick relevant box)			have read the Learning Agre		appy with the content	Pink conv - Learner	
00 - None provided		3 - Driving Licence	06 - Certificate of Entitlement to funding	•••	read the privacy notice over				
01 - Relationship w		4 - ID Card	07 - Bank / Credit / Debit Card	About courses or learning		s and research By pos		By email	
02 - Passport		5 - National Insurance Card	999 - Other			2, 00,			
			(please specify)	Signature	Date	Signature		Date	
Fee/Identity Evidence	seen by		Date	(Learner)		(Provider)		D&P/4283 (a-col & a-b/w)	

Learning Agreement

I fully understand the implications of my choice of learning programme and the entry requirements for that programme. I have had all aspects of student support explained to me and I am satisfied that this learning programme is suitable to my needs. I also understand that I can negotiate this learning agreement at any time in consultation with a nominated tutor. I undertake to notify the provider of any change of my circumstances which may affect my programme. I agree that my admission as a student is subject to the provider regulations.

Privacy Notice 2017 to 2018

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 you how your 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 the Data Protection Act 1998, 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 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 the Data Protection Act 1998.

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.

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/esfa-privacy-notice

SFEM Provider No (UPIN): 107952 UK Provider Reference No (UKPRN): 10004801

phone0115 977 2185emaillearning@inspireculture.org.ukinternetwww.inspireculture.org.ukpostInspire HQ, Glaisdale Parkway, Nottingham NG8 4GPpublishedJuly 2017









Top copy (Inspire Learning)

			Personal circumstances:	
Form Family	Learning Enrolme	nt & Agreement Form	Fees: I WILL be paying fees for this co	ourse I will NOT be p
06			I am in receipt of the following benefits. (I	Using the list below please tick
Inspire l	Learning	Version 6.7	Jobseeker's Allowance (income based))
			Housing or Council Tax Benefit (not sin	igle person's discount)
About you: Title: Mr Mrs M	Aiss Ms (please circle) Unique Lea	arner No.	Income Support	
Surname	First Name		Employment and Support Allowance	
Home Address			Working Tax Credit	
Home Postcode	Email		Employment status:	
Contact Tel	Gender (M or F)	Date of Birth d d m m y y y y	1. What is your employment status?	
Have you been a permanent resident of t	the UK or an EU/EEA Country for the la		Not in paid employment - looking for an	nd available to start
Nationality	National Insurance	e Number	work - go to Q2	
			Not in paid employment - not looking fo work - go to Q2	or or available to start
Ethnic origin: (Please tick appropriate b	ox)		Employed - go to Q3	
White:	White and Asian	Black/African/Caribbean/Black British:	Self-employed - go to Q3	
English, Welsh, Scottish, Northern Irish, British	Any other Mixed, multiple ethnic	African	In full-time education	
Irish	background	Caribbean	Retired - go to Q2	
Gypsy or Irish Traveller	Asian/Asian British: Indian	Any other Black, African, Caribbean background	Other (please state)	
Any other White background	Pakistani	Other ethnic group:		
Mixed/multiple ethnic group:	Bangladeshi	Arab	Level of learning: What is the	highest level of qualificatio
White and Black Caribbean	Chinese	Any other ethnic group	Entry level or other qualification below I	level 1
White and Black African	Any other Asian background		Level 1 (GCSE/O Levels), (5 or more w	ith grades D-G or 3 AS
Disabilities, learning difficulties a	and health problems:		levels)	
The tutor will use the following information		ed to fully participate on this course	Level 2 (5 or more A*- C GCSE/0 Level	,
Do you consider yourself to have a disab		No <i>(if yes please complete section below)</i>	Level 3 (A Levels), (2 or more A level p level passes)	basses, 4 or more AS
			Level 4 (HNC/QLF Level 4 quals)	
any other disabilities and/or learning diff		act on your learning. Please put $\underline{2}$ in the box for g .	Have you taken part in any education of	or training in the last 3 year
Visual impairment	Dyslexia	Other medical condition (for example		
Hearing impairment	Dyscalculia	epilepsy, asthma, diabetes)	Additional equality monitoring	ng: In order to monitor t
Disability affecting mobility	Autism spectrum disorder	Other learning difficulty	are inclusive and open to all members	of the community, we need
Profound complex disabilities	Asperger's syndrome	Other physical disability	characteristics that are protected by law	w. If you prefer not to answ
Social and emotional difficulties	Temporary disability after illness (for example the second		Gender re-assignment:	
Mental health difficulty	post-viral) or accident Speech, language and communication ne	Prefer not to say	Is your current gender identity the same as	the gender you were assigned
Moderate learning difficulty	Other specific learning difficulty (e.g.	eeds Not provided	Marital Status: Are you?	
Severe learning difficulty	Dyspraxia)		Married or in a civil partnership	Single/Never
Do you consider yourself to have a health	n problem which may affect you on this	course? Yes No	Separated/Divorced	Widowed
Family Learning (only details of child	ran attending this source are required)		Sexual orientation: How would you des	
		Oran dia arrest	Heterosexual/straight	Gay Man
Are you the child/ren's: Mother / Step M		Carer Grandparent	Gay woman/lesbian	Bisexual
Child's Name	DOB d d m m y	y UPN No	Religion and/or belief?	
Child's Name	DOB d d m m y	y UPN No	No religion Buddhist	Christian
Child's Name	DOB d d m m y	y UPN No	Muslim Sikh	Prefer not to
Course details Provider		Provider Course Ref	Pregnancy and maternity: Are you curren	ntly pregnant or have you bee
Trovider			Signature:	
Title Start D	Pate Day Time	Venue	Photo Statement: Photographs may be purposes. Please tick the box if you D	
Evidence of learner's identity seen by p	provider (please tick relevant box)		Learning Agreement: I have read the L	
00 - None provided	03 - Driving Licence	06 - Certificate of Entitlement to funding	Privacy Notice: I have read the privac	
01 - Relationship with school	04 - ID Card	07 - Bank / Credit / Debit Card	About courses or learning opportunities	For surveys and research
02 - Passport	05 - National Insurance Card	999 - Other		
		(please specify)	Signature (Learner)	Date Sig
Fee/Identity Evidence seen by		Date	(Loanor)	(P)

 be paying fees for this course tick the boxes to indicate which benefits you are in receipt of) Incapacity Benefit Pension Credit (not savings credit) An unwaged dependant of those listed above Identified elements of Universal Credit (see paperwork guidance for details) 					
 If you are unem Less than 6 m 12-23 months 36 months or How many hour Under 16 How long have Up to 3 month 7-12 months 	onths more s per week do yo 16-19 you been working	20+			
Level 6 Bachelo	undation Degree, ors Degree/Gradu e PG Certs/Diplor s	<i>appropriate box)</i> /QLF Level 5 quals ate Certs and Diplomas mas, Masters Degree and			
eed to ask you for c answer these questic igned at birth? Yes ever married	of recruitment to ertain informatic ons, please tick				
eed to ask you for c answer these questic igned at birth? Yes ever married d tation?	of recruitment to ertain informations, please tick No Pr Other Prefer not to s Other Prefer not to s Hindu	on about yourself related to the appropriate boxes.			
eed to ask you for c answer these questic	of recruitment to ertain informatic ons, please tick No Pr Other Prefer not to s Other Prefer not to s Hindu Other	on about yourself related to the appropriate boxes. refer not to say			
eed to ask you for c answer these questic igned at birth? Yes ever married d tation? n bet to say been pregnant in the These could be used ograph taken.	of recruitment to ertain information ons, please tick for No Preference Other Preference to so Other Preference to so Other Hindu Other last year? Yes	say Say Say Solution			
eed to ask you for c answer these questic igned at birth? Yes ever married d tation? n been pregnant in the These could be used ograph taken. erleaf and am happy	of recruitment to ertain information ons, please tick in No Prefer not to sing Other Other Prefer not to sing Other Other Hindu Other I last year? Yes d for publicity with the content boxes if you do	say Say Say Solution			

Learning Agreement

I fully understand the implications of my choice of learning programme and the entry requirements for that programme. I have had all aspects of student support explained to me and I am satisfied that this learning programme is suitable to my needs. I also understand that I can negotiate this learning agreement at any time in consultation with a nominated tutor. I undertake to notify the provider of any change of my circumstances which may affect my programme. I agree that my admission as a student is subject to the provider regulations.

Privacy Notice 2017 to 2018

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 you how your 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 the Data Protection Act 1998, 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 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 the Data Protection Act 1998.

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.

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/esfa-privacy-notice

SFEM Provider No (UPIN): 107952 UK Provider Reference No (UKPRN): 10004801

phone0115 977 2185emaillearning@inspireculture.org.ukinternetwww.inspireculture.org.ukpostInspire HQ, Glaisdale Parkway, Nottingham NG8 4GPpublishedJuly 2017

D&P/07.17/EXT/4283 (d)

Education & Skills

Funding Agency









Middle copy (Provider)

			Personal circumstances:	
Form Family	Learning Enrolme	nt & Agreement Form	Fees: I WILL be paying fees for this co	ourse I will NOT be p
06			I am in receipt of the following benefits. (I	Using the list below please tick
Inspire l	Learning	Version 6.7	Jobseeker's Allowance (income based))
			Housing or Council Tax Benefit (not sin	igle person's discount)
About you: Title: Mr Mrs M	Aiss Ms (please circle) Unique Lea	arner No.	Income Support	
Surname	First Name		Employment and Support Allowance	
Home Address			Working Tax Credit	
Home Postcode	Email		Employment status:	
Contact Tel	Gender (M or F)	Date of Birth d d m m y y y y	1. What is your employment status?	
Have you been a permanent resident of t	the UK or an EU/EEA Country for the la		Not in paid employment - looking for an	nd available to start
Nationality	National Insurance	e Number	work - go to Q2	
			Not in paid employment - not looking fo work - go to Q2	or or available to start
Ethnic origin: (Please tick appropriate b	ox)		Employed - go to Q3	
White:	White and Asian	Black/African/Caribbean/Black British:	Self-employed - go to Q3	
English, Welsh, Scottish, Northern Irish, British	Any other Mixed, multiple ethnic	African	In full-time education	
Irish	background	Caribbean	Retired - go to Q2	
Gypsy or Irish Traveller	Asian/Asian British: Indian	Any other Black, African, Caribbean background	Other (please state)	
Any other White background	Pakistani	Other ethnic group:		
Mixed/multiple ethnic group:	Bangladeshi	Arab	Level of learning: What is the	highest level of qualificatio
White and Black Caribbean	Chinese	Any other ethnic group	Entry level or other qualification below I	level 1
White and Black African	Any other Asian background		Level 1 (GCSE/O Levels), (5 or more w	ith grades D-G or 3 AS
Disabilities, learning difficulties a	and health problems:		levels)	
The tutor will use the following information		ed to fully participate on this course	Level 2 (5 or more A*- C GCSE/0 Level	,
Do you consider yourself to have a disab		No <i>(if yes please complete section below)</i>	Level 3 (A Levels), (2 or more A level p level passes)	basses, 4 or more AS
			Level 4 (HNC/QLF Level 4 quals)	
any other disabilities and/or learning diff		act on your learning. Please put $\underline{2}$ in the box for g .	Have you taken part in any education of	or training in the last 3 year
Visual impairment	Dyslexia	Other medical condition (for example		
Hearing impairment	Dyscalculia	epilepsy, asthma, diabetes)	Additional equality monitoring	ng: In order to monitor t
Disability affecting mobility	Autism spectrum disorder	Other learning difficulty	are inclusive and open to all members	of the community, we need
Profound complex disabilities	Asperger's syndrome	Other physical disability	characteristics that are protected by law	w. If you prefer not to answ
Social and emotional difficulties	Temporary disability after illness (for example the second		Gender re-assignment:	
Mental health difficulty	post-viral) or accident Speech, language and communication ne	Prefer not to say	Is your current gender identity the same as	the gender you were assigned
Moderate learning difficulty	Other specific learning difficulty (e.g.	eeds Not provided	Marital Status: Are you?	
Severe learning difficulty	Dyspraxia)		Married or in a civil partnership	Single/Never
Do you consider yourself to have a health	n problem which may affect you on this	course? Yes No	Separated/Divorced	Widowed
Family Learning (only details of child	ran attending this source are required)		Sexual orientation: How would you des	
		Oran dia arrest	Heterosexual/straight	Gay Man
Are you the child/ren's: Mother / Step M		Carer Grandparent	Gay woman/lesbian	Bisexual
Child's Name	DOB d d m m y	y UPN No	Religion and/or belief?	
Child's Name	DOB d d m m y	y UPN No	No religion Buddhist	Christian
Child's Name	DOB d d m m y	y UPN No	Muslim Sikh	Prefer not to
Course details Provider		Provider Course Ref	Pregnancy and maternity: Are you curren	ntly pregnant or have you bee
Trovider			Signature:	
Title Start D	Pate Day Time	Venue	Photo Statement: Photographs may be purposes. Please tick the box if you D	
Evidence of learner's identity seen by p	provider (please tick relevant box)		Learning Agreement: I have read the L	
00 - None provided	03 - Driving Licence	06 - Certificate of Entitlement to funding	Privacy Notice: I have read the privac	
01 - Relationship with school	04 - ID Card	07 - Bank / Credit / Debit Card	About courses or learning opportunities	For surveys and research
02 - Passport	05 - National Insurance Card	999 - Other		
		(please specify)	Signature (Learner)	Date Sig
Fee/Identity Evidence seen by		Date	(Loanor)	(P)

 2. If you are unemployed/not working/retired, how long for? Less than 6 months 6-11 months 36 months or more 3. How many hours per week do you work? Under 16 16-19 20+ 4. How long have you been working? Up to 3 months 4-6 months 7-12 months More than 12 months 7-12 months 4-6 months 7-12 months More than 12 months 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 (<i>please specify</i>) vears? Yes No vears? Yes No Prefer not to say igned at birth? Yes No Prefer not to say tation? Mindu Jewish Other Prefer not to say Prefer not to say Copies to: Grey copy - Inspire Yellow copy - Provider Pink copy - Learner These could be used for publicity graph taken. These could be used for publicity graph taken. These could be used for publicity graph taken. These ould be used for publicity graph taken. The bay out the content. 	 te paying fees for this course tick the boxes to indicate which benefits you are in receipt of) Incapacity Benefit Pension Credit (not savings credit) An unwaged dependant of those listed above Identified elements of Universal Credit (see paperwork guidance for details)
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) verars? Yes No or the effectiveness of recruitment to our courses to ensure they eed to ask you for certain information about yourself related to inswer these questions, please tick the appropriate boxes. igned at birth? Yes No Prefer not to say ever married Other Other Prefer not to say tation? Other Prefer not to say Differ been pregnant in the last year? Yes No Prefer not to say Other Copies to: Grey copy - Inspire Yeaf and am happy with the content. Grey copy - Inspire any of the following boxes if you do not wish to be contacted: Pink copy - Learner Signature Date	 Less than 6 months 12-23 months 12-23 months 24-35 months 36 months or more 4-6 months
or the effectiveness of recruitment to our courses to ensure they eed to ask you for certain information about yourself related to inswer these questions, please tick the appropriate boxes. igned at birth? Yes No Prefer not to say ever married Other Other Prefer not to say tation? Other Prefer not to say tation? Other Prefer not to say Hindu Jewish Other Prefer not to say been pregnant in the last year? Yes No Prefer not to say been pregnant in the last year? Yes No Prefer not to say These could be used for publicity branch taken. Prefer not to say Prefer not to be contacted: any of the following boxes if you do not wish to be contacted: rch By post By phone By email Signature Date	 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 (<i>please specify</i>)
eed to ask you for certain information about yourself related to answer these questions, please tick the appropriate boxes. igned at birth? Yes No Prefer not to say ever married Other Prefer not to say tation? Other Other Other Prefer not to say tation? Other Prefer not to say to say Other Prefer not to say Image: Description of the say Other Prefer not to say Other Prefer not to say Other Description of the say Other Description of the following boxes if you do not wish to be contacted: rch By post By post By phone Date	/ears? Yes No
ot to say Other been pregnant in the last year? Yes No Prefer not to say These could be used for publicity ograph taken. Copies to: Grey copy - Inspire Yellow copy - Provider Pink copy - Learner any of the following boxes if you do not wish to be contacted: The se contacted: The se contacted: Signature Date	eed to ask you for certain information about yourself related to nswer these questions, please tick the appropriate boxes. igned at birth? Yes No Prefer not to say ever married Other d Prefer not to say tation? Other o Other
These could be used for publicity ograph taken. orleaf and am happy with the content. any of the following boxes if you do not wish to be contacted: rch By post By post By phone By email Signature Date	
These could be used for publicity Grey copy - Inspire bgraph taken. Yellow copy - Provider brief and am happy with the content. Pink copy - Learner any of the following boxes if you do not wish to be contacted: By post rch By post By phone By email Signature Date	been pregnant in the last year? Yes No Prefer not to say
Signature Date	Grey copy - Inspire Yellow copy - Provider Pink copy - Learnerany of the following boxes if you do not wish to be contacted:
(Provider)	

Learning Agreement

I fully understand the implications of my choice of learning programme and the entry requirements for that programme. I have had all aspects of student support explained to me and I am satisfied that this learning programme is suitable to my needs. I also understand that I can negotiate this learning agreement at any time in consultation with a nominated tutor. I undertake to notify the provider of any change of my circumstances which may affect my programme. I agree that my admission as a student is subject to the provider regulations.

Privacy Notice 2017 to 2018

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 you how your 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 the Data Protection Act 1998, 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 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 the Data Protection Act 1998.

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.

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/esfa-privacy-notice

SFEM Provider No (UPIN): 107952 UK Provider Reference No (UKPRN): 10004801

0115 977 2185 learning@inspireculture.org.uk www.inspireculture.org.uk Inspire HQ, Glaisdale Parkway, Nottingham NG8 4GP published July 2017

delivered by

Education & Skills

Funding Agency









Bottom copy (Learner)