

Form 06

Family Learning Enrolment & Agreement Form

Inspire Learning

Version 6.7

About you:

Title: 

Mr

Mrs

Miss

Ms

(please circle)

 Unique Learner No.

Surname

First Name

Home Address

Home Postcode

Email

Contact Tel

Gender (M or F)

Date of Birth

d

d

m

m

y

y

y

y

Have you been a permanent resident of the UK or an EU/EEA Country for the last 3 years?

Yes

No

Nationality

National Insurance Number

Ethnic origin:

(Please tick appropriate box)

White:

☐

English, Welsh, Scottish, Northern Irish, British

☐

Irish

☐

Gypsy or Irish Traveller

☐

Any other White background

☐

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

Disabilities, learning difficulties and health problems:

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

(if yes please complete section below)

Please put **1** in the box for the **main** disability or learning difficulty that may impact on your learning. Please put **2** in the box for **any other** disabilities and/or learning difficulties that may impact on your learning.

☐

Visual impairment

☐

Dyslexia

☐

Other medical condition (for example epilepsy, asthma, diabetes)

☐

Hearing impairment

☐

Dyscalculia

☐

Other learning difficulty

☐

Disability affecting mobility

☐

Autism spectrum disorder

☐

Other physical disability

☐

Profound complex disabilities

☐

Asperger's syndrome

☐

Other disability

☐

Social and emotional difficulties

☐

Temporary disability after illness (for example post-viral) or accident

☐

Prefer not to say

☐

Mental health difficulty

☐

Speech, language and communication needs

☐

Not provided

☐

Moderate learning difficulty

☐

Other specific learning difficulty (e.g. Dyspraxia)

Do you consider yourself to have a health problem which may affect you on this course?

Yes

No

Family Learning

(only details of children attending this course are required)

Are you the child/ren's: Mother / Step Mother

Father / Step Father

Carer

Grandparent

Child's Name

DOB

d

d

m

m

y

y

UPN No

Child's Name

DOB

d

d

m

m

y

y

UPN No

Child's Name

DOB

d

d

m

m

y

y

UPN No

Course details

Provider

Provider Course Ref

Title

Start Date

Day

Time

Venue

Evidence of learner's identity seen by provider

(please tick relevant box)

☐

00 - None provided

☐

03 - Driving Licence

☐

06 - Certificate of Entitlement to funding

☐

01 - Relationship with school

☐

04 - ID Card

☐

07 - Bank / Credit / Debit Card

☐

02 - Passport

☐

05 - National Insurance Card

☐

999 - Other

Fee/Identity Evidence seen by

Date

(please specify)

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)

☐

Jobseeker's Allowance (income based)

☐

Incapacity Benefit

☐

Housing or Council Tax Benefit (not single person's discount)

☐

Pension Credit (not savings credit)

☐

Income Support

☐

An unwaged dependant of those listed above

☐

Employment and Support Allowance

☐

Identified elements of Universal Credit (see paperwork guidance for details)

☐

Working Tax Credit

Employment status:

1. What is your employment status?

☐

Not in paid employment - looking for and available to start work - go to Q2

☐

Not in paid employment - **not** looking for or available to start work - go to Q2

☐

Employed - go to Q3

☐

Self-employed - go to Q3

☐

In full-time education

☐

Retired - go to Q2

☐

Other (please state)

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

☐

Less than 6 months

☐

6-11 months

☐

12-23 months

☐

24-35 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

Level of learning:

What is the highest level of qualification you already have? (please tick appropriate box)

☐

Entry level or other qualification below level 1

☐

Level 5 HND/Foundation Degree/QLF Level 5 quals

☐

Level 1 (GCSE/O Levels), (5 or more with grades D-G or 3 AS levels)

☐

Level 6 Bachelors Degree/Graduate Certs and Diplomas

☐

Level 2 (5 or more A\*- C GCSE/0 Levels)

☐

Level 7 or above PG Certs/Diplomas, Masters Degree and above

☐

Level 3 (A Levels), (2 or more A level passes, 4 or more AS level passes)

☐

No qualifications

☐

Level 4 (HNC/QLF Level 4 quals)

☐

Other (please specify)

Have you taken part in any education or training in the last 3 years?

Yes

No

Additional equality monitoring:

In order to monitor the effectiveness of recruitment to our courses to ensure they are inclusive and open to all members of the community, we need to ask you for certain information about yourself related to characteristics that are protected by law. If you prefer not to answer these questions, please tick the appropriate boxes.

Gender re-assignment:

Is your current gender identity the same as the gender you were assigned at birth?

Yes

No

Prefer not to say

Marital Status:

Are you?

☐

Married or in a civil partnership

☐

Single/Never married

☐

Other

☐

Separated/Divorced

☐

Widowed

☐

Prefer not to say

Sexual orientation:

How would you describe your sexual orientation?

☐

Heterosexual/straight

☐

Gay Man

☐

Other

☐

Gay woman/lesbian

☐

Bisexual

☐

Prefer not to say

Religion and/or belief?

☐

No religion

☐

Buddhist

☐

Christian

☐

Hindu

☐

Jewish

☐

Muslim

☐

Sikh

☐

Prefer not to say

☐

Other

Pregnancy and maternity:

Are you currently pregnant or have you been pregnant in the last year?

Yes

No

Prefer not to say

Signature:

Photo Statement:

Photographs may be taken at this course. These could be used for publicity purposes. Please tick the box if you **DO NOT** want your photograph taken.

☐

Learning Agreement:

I have read the Learning Agreement overleaf and am happy with the content.

Privacy Notice:

I have read the privacy notice overleaf. Tick 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

☐

Signature

Date

Signature

Date

(Learner)

(Provider)

Copies to:

Grey copy - Inspire

Yellow copy - Provider

Pink copy - Learner

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

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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

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published

July 2017

D&P07.17/EXT4283 (c)

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Family Learning Enrolment & Agreement Form

Inspire Learning

Version 6.7

About you:

Title: 

Mr

Mrs

Miss

Ms

(please circle)

 Unique Learner No.

Surname  First Name

Home Address

Home Postcode  Email

Contact Tel  Gender (M or F)  Date of Birth 

d

d

m

m

y

y

y

y

Have you been a permanent resident of the UK or an EU/EEA Country for the last 3 years? Yes  No

Nationality  National Insurance Number

Ethnic origin:

(Please tick appropriate box)

White:

English, Welsh, Scottish, Northern Irish, British

Irish

Gypsy or Irish Traveller

Any other White background

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

Disabilities, learning difficulties and health problems:

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 

(if yes please complete section below)

Please put **1** in the box for the **main** disability or learning difficulty that may impact on your learning. Please put **2** in the box for **any other** disabilities and/or learning difficulties that may impact on your learning.

Visual impairment

Hearing impairment

Disability affecting mobility

Profound complex disabilities

Social and emotional difficulties

Mental health difficulty

Moderate learning difficulty

Severe learning difficulty

Dyslexia

Dyscalculia

Autism spectrum disorder

Asperger's syndrome

Temporary disability after illness (for example post-viral) or accident

Speech, language and communication needs

Other specific learning difficulty (e.g. Dyspraxia)

Other medical condition (for example epilepsy, asthma, diabetes)

Other learning difficulty

Other physical disability

Other disability

Prefer not to say

Not provided

Do you consider yourself to have a health problem which may affect you on this course? Yes  No

Family Learning

(only details of children attending this course are required)

Are you the child/ren's: Mother / Step Mother  Father / Step Father  Carer  Grandparent

Child's Name  DOB 

d

d

m

m

y

y

 UPN No

Child's Name  DOB 

d

d

m

m

y

y

 UPN No

Child's Name  DOB 

d

d

m

m

y

y

 UPN No

Course details

Provider  Provider Course Ref

Title	Start Date	Day	Time	Venue

Evidence of learner's identity seen by provider (please tick relevant box)

00 - None provided

01 - Relationship with school

02 - Passport

03 - Driving Licence

04 - ID Card

05 - National Insurance Card

06 - Certificate of Entitlement to funding

07 - Bank / Credit / Debit Card

999 - Other

Fee/Identity Evidence seen by  Date 

(please specify)

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)

Jobseeker's Allowance (income based)

Housing or Council Tax Benefit (not single person's discount)

Income Support

Employment and Support Allowance

Working Tax Credit

Incapacity Benefit

Pension Credit (not savings credit)

An unwaged dependant of those listed above

Identified elements of Universal Credit (see paperwork guidance for details)

Employment status:

1. What is your employment status?

Not in paid employment - looking for and available to start work - go to Q2

Not in paid employment - **not** looking for or available to start work - go to Q2

Employed - go to Q3

Self-employed - go to Q3

In full-time education

Retired - go to Q2

Other 

(please state)

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

Less than 6 months

12-23 months

36 months or more

6-11 months

24-35 months

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

7-12 months

4-6 months

More than 12 months

Level of learning:

What is the highest level of qualification you already have? 

(please tick appropriate box)

Entry level or other qualification below level 1

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Level 2 (5 or more A\*- C GCSE/0 Levels)

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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)

Have you taken part in any education or training in the last 3 years? Yes  No

Additional equality monitoring:

In order to monitor the effectiveness of recruitment to our courses to ensure they are inclusive and open to all members of the community, we need to ask you for certain information about yourself related to characteristics that are protected by law. If you prefer not to answer these questions, please tick the appropriate boxes.

Gender re-assignment:

Is your current gender identity the same as the gender you were assigned at birth? Yes  No  Prefer not to say

Marital Status: Are you?

Married or in a civil partnership

Separated/Divorced

Single/Never married

Widowed

Other

Prefer not to say

Sexual orientation: How would you describe your sexual orientation?

Heterosexual/straight

Gay woman/lesbian

Gay Man

Bisexual

Other

Prefer not to say

Religion and/or belief?

No religion

Muslim

Buddhist

Sikh

Christian

Prefer not to say

Hindu

Jewish

Other

Pregnancy and maternity: Are you currently pregnant or have you been pregnant in the last year? Yes  No  Prefer not to say

Signature:

Photo Statement: Photographs may be taken at this course. These could be used for publicity purposes. Please tick the box if you **DO NOT** want your photograph taken.

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Signature 

(Learner)

 Date  Signature 

(Provider)

 Date

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

phone      0115 977 2185  
email      [learning@inspireculture.org.uk](mailto:learning@inspireculture.org.uk)  
internet      [www.inspireculture.org.uk](http://www.inspireculture.org.uk)  
post      Inspire HQ, Glaisdale Parkway, Nottingham NG8 4GP  
published      July 2017

D&P07.17/EXT14283 (d)

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Child's Name  DOB 

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(please state)

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Is your current gender identity the same as the gender you were assigned at birth? Yes  No  Prefer not to say

Marital Status: Are you?

Married or in a civil partnership

Single/Never married

Other

Separated/Divorced

Widowed

Prefer not to say

Sexual orientation: How would you describe your sexual orientation?

Heterosexual/straight

Gay Man

Other

Gay woman/lesbian

Bisexual

Prefer not to say

Religion and/or belief?

No religion

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Prefer not to say

Other

Pregnancy and maternity: Are you currently pregnant or have you been pregnant in the last year? Yes  No  Prefer not to say

Signature:

Photo Statement: Photographs may be taken at this course. These could be used for publicity purposes. Please tick the box if you **DO NOT** want your photograph taken.

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(Learner)

 Date  Signature 

(Provider)

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published      July 2017

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