

Form 05

Enrolment & Learning Agreement Form

Inspire Learning

Version 5.7

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 ☐

Course details

Provider

Provider Course Ref

Title	Start Date	Day	Time	Venue

Payment

Total Tuition Fee £

Receipt No

Pay as you learn £

Examination Fee £

Administration Fee £

Fee remission evidence letter.

Issuing organisation

Date on the letter

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

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

☐ Level 2 (5 or more A*- C GCSE/0 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)

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.

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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.

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

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

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

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(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

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Yes

No

Nationality

National Insurance Number

Ethnic origin:

(Please tick appropriate box)

White:

White and Asian

Any other Mixed, multiple ethnic background

Irish

Gypsy or Irish Traveller

Any other White background

Mixed/multiple ethnic group:

White and Black Caribbean

White and Black African

Black/African/Caribbean/Black British:

African

Caribbean

Any other Black, African, Caribbean background

Other ethnic group:

Arab

Any other ethnic group

Asian/Asian British:

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

Disabilities, learning difficulties and health problems:

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☐ Other disability

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Receipt No

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Examination Fee £

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Date on the letter

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☐ 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?

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☐ 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:

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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?

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How would you describe your sexual orientation?

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☐ Other

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☐ Prefer not to say

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☐ No religion

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☐ Sikh

☐ Prefer not to say

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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)

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

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Yes

☐

No

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Signature:

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By email

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Date

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(Learner)

(Provider)

D&P/4283 (b-front)

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