Form 05

Enrolment & Learning Agreement Form

	Ins	spire l	_earni	ng				Version 5.7
About you: To Surname Home Address	itle: Mr	Mrs N	Miss Ms		Unique Le st Name	earner N	No.	
Home Postcode			F	mail				
Contact Tel				Gender (M	or F)	Data	of Birth	m m y y y y
		ident of t	ما الله ما		Í		0. 2	
Have you been a pe	ermanem res	sident or i	ine un oi		•			No
Nationality				Natio	onal Insurand	ce Numi	ber	
Ethnic origin: (P	lease tick app	oropriate b	ox)					
White: English, Welsh, Sc British Irish Gypsy or Irish Trav Any other White ba Mixed/multiple ethn White and Black C White and Black A	veller ackground ic group: aribbean	rn Irish,	Ar ba As Inc Pa Ba	nite and Asian by other Mixed, muckground sian/Asian British dian kistani angladeshi ninese by other Asian back	n:		Black/African/Cari African Caribbean Any other Black, Afri background Other ethnic ground Arab Any other ethnic ground	p:
			<i>7</i> ti	y other relative	ground			
Disabilities, lear The tutor will use the Do you consider you Please put 1 in the k any other disabilitie Visual impairment Hearing impairment Hearing impairment Disability affecting Profound complex Social and emotion Mental health diffic Moderate learning Severe learning di Do you consider you	following infourself to have box for the m s and/or lead the mobility disabilities and difficulties culty difficulty fficulty	ormation to a disab	to plan wi bility and/o bility or le iculties th Dyslexia Dyscald Autism s Asperge Tempor post-vira Speech Other sp	th you any support learning difficulty arranged impact of a sulia spectrum disorder er's syndrome ary disability after all) or accident language and conception (learning difficial)	rt you may no lity? Yes that may imp n your learni fillness (for exa mmunication of ficulty (e.g.	No pact on ring.	(if yes please co your learning. Plea Other medical epilepsy, asthr Other learning Other physical Other disability Prefer not to sa Not provided	mplete section below) use put 2 in the box for condition (for example ma, diabetes) difficulty disability
Course details	Provider					Drov	ridar Cauraa Ba	·£
	riovider		oto	Dov	Time	Prov	vider Course Re	:1
Title		Start D	ate	Day	Time		Venue	
Payment Total Tu	ition Fee £				Red	ceipt No		
Pay as you learn £			Examina	ation Fee £		Adm	ninistration Fee £	
Fee remission evid	ence letter.	Issuing	organisa	tion			Date on the letter	
Evidence of learne00 - None provi01 - Relationshi02 - Passport	ded p with school		03 - D 04 - ID	riving Licence		07 - 999	- Certificate of Enti - Bank / Credit / De) - Other	
Fee/Identity Eviden	ce seen by					Date		

Personal circums	tances:		
Fees: I WILL be paying	fees for this course	will NOT be paying fees for this	COURSE
		pelow please tick the boxes to indicate	
Jobseeker's Allowance			
	,	Incapacity Bene	
	ax Benefit (not single person's o	,	(not savings credit)
Income Support	. • "		pendant of those listed above
Employment and Supp	oort Allowance	quidance for det	nts of Universal Credit (see paperwork ails)
Working Tax Credit		g	,
Employment statu	us:	2. If you are unemplo	oyed/not working/retired, how long for?
1. What is your employm	nent status?	Less than 6 mon	
Not in paid employme work - go to Q2	nt - looking for and available to		24-35 months
Not in paid employmen	nt - not looking for or available		ле
work - go to Q2		3. How many hours p	per week do you work?
Employed - go to Q3		Under 16	16-19 20+
Self-employed - go to 0	Q3	4. How long have yo	w boon working?
In full-time education		4. How long have yo	
Retired - go to Q2		Up to 3 months	4-6 months
Other (please state)		7-12 months	More than 12 months
Entry level or other qualities Level 1 (GCSE/O Level levels) Level 2 (5 or more A*-Level 3 (A Levels), (2 devel passes)	alification below level 1 els), (5 or more with grades D-0 C GCSE/0 Levels) or more A level passes, 4 or m	G or 3 AS Level 6 Bachelors Level 7 or above F above	dation Degree/QLF Level 5 quals Degree/Graduate Certs and Diplomas PG Certs/Diplomas, Masters Degree and
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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

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published July 2017











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05		lns	pire Le	earnir	ng							Ve	rsion 5.7
About you: Surname Home Address	Title:	Mr I	Mrs Mis	ss Ms	(please o	,	Unique st Name	Learn	ner No.				
Home Postcode				Em	ail								
Contact Tel						der (M	or F)	D	ate of Bir	th	d d	m m y	уууу
Have you been a	permar	nent resi	dent of the	e UK or a	an EU/EE	A Coun	ntry for the	e last 3	3 years?	Y	es	No	
Nationality						Natio	nal Insura	ance N	Number				
Ethnic origin:	(Plaasa	tick appr	opriate box	()									
White: English, Welsh, British Irish Gypsy or Irish Any other White Mixed/multiple e White and Blace White and Blace	Traveller e backgro thnic gro k Caribbo	ound oup: ean	n Irish,	Any bac Asi Indi Pak Ban Chir	te and Asia other Mixe kground an/Asian an istani igladeshi nese other Asia	ed, mult	:	;	Africa Caribl Any o backe Othe Arab	bean ther B ground r ethn	lack, Afr	ican, Car p:	Black British:
Disabilities, le	arnine	diffic	ultios or	nd hool	th probl	omei							
The tutor will use Do you consider	the follow yourself	wing info	rmation to a disabili	plan with ty and/or	you any s	suppor difficul	t you may ty? Yes	٨	No (if	yes p	lease co	mplete se	ection below)
Please put 1 in the any other disability of the aring impairment of the aring impairment of the aring impairment of the aring impairment of the aring of the arin	ent ment ting mobi blex disab otional difficulty hing diffic	d/or learn ility pilities fficulties		Ulties that Dyslexia Dyscalcu Autism spanners Temporal post-viral Speech,	at may impositiant may impositiant disability or accide language a secific learn	sorder ne / after il ent and con	your lear	rning.	le	Other epilep Other Other Other Prefer	medical sy, asthi	condition ma, diabed difficulty disability	n (for example etes)
Do you consider	yourself	to have	a health _l	oroblem	which ma	y affec	t you on t	this co	ourse? Ye	es	No		
Course details	s Pro	ovider						P	rovider	Cou	rse Re	ef	
Title			Start Dat	te	Day		Time		Ven	ue			
Payment Total	Tuition	Fee £					R	Receip	t No				
Pay as you learr			E	Examinat	ion Fee £				Administr	ation	Fee £		
Fee remission e	vidence	letter.	Issuing o	rganisati	on				Date	on th	e letter	_	
Evidence of lear	rner's id	entity se	en by pro	ovider (p.	lease tick r	elevant	box)						
00 - None po 01 - Relation 02 - Passpoo	rovided nship wit			03 - Dri 04 - ID	ving Licer	nce		B	06 - Cert 07 - Ban 999 - Oth	k / Cr		ebit Card	
Fee/Identity Evic	dence se	en by						Dat	te				(please specify

Developed sixoumstances	
Personal circumstances:	
	will NOT be paying fees for this course
	elow 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 di	
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	g,
Employment status:	2. If you are unemployed/not working/retired, how long for?
1. What is your employment status?	Less than 6 months 6-11 months
Not in paid employment - looking for and available to swork - go to Q2	
Not in paid employment - not looking for or available to work - go to Q2	
Employed - go to Q3	Under 16 16-19 20+
Self-employed - go to Q3	Officer 10 10-19 201
In full-time education	4. How long have you been working?
Retired - go to Q2	Up to 3 months 4-6 months
Other (please state)	7-12 months More than 12 months
Love 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	Level 5 HND/Foundation Degree/QLF Level 5 quals or 3 AS Level 6 Bachelors Degree/Graduate Certs and Diplomas
levels)	Level 7 or above PG Certs/Diplomas, Masters Degree and
Level 2 (5 or more A*- C GCSE/0 Levels)	above
Level 3 (A Levels), (2 or more A level passes, 4 or mo level passes)	ore AS No qualifications Other (please specify)
Level 4 (HNC/QLF Level 4 quals)	Cario. (product specify)
Have you taken part in any education or training in the	he last 3 years? Yes No
are inclusive and open to all members of the commu	er to monitor the effectiveness of recruitment to our courses to ensure they unity, we need to ask you for certain information about yourself related to
	er not to answer these questions, please tick the appropriate boxes.
Gender re-assignment: Is your current gender identity the same as the gender you	u were assigned at birth? Yes No Prefer not to say
Marital Status: Are you?	a word addigned at birtin. Too Two Troids not to day
Married or in a civil partnership	Single/Never married Other
Separated/Divorced	Widowed Prefer not to say
Sexual orientation: How would you describe your sex	xual 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	r have you been pregnant in the last year? Yes No Prefer not to say
Signature:	Coming to:
Photo Statement: Photographs may be taken at this purposes. Please tick the box if you DO NOT want y	
Learning Agreement: I have read the Learning Agree	Pink copy - Learner
	eaf. Tick any of the following boxes if you do not wish to be contacted: and research By post By phone By email
Signature Date (Learner)	Signature Date (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.

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

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published July 2017











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05		In	spire	e Lea	rnir	ng						Ve	ersion 5.7
About you:	Title:	Mr	Mrs	Miss	Ms	(please	circle)	Unique	Learne	er No.			
Surname							Firs	st Name					
Home Address													
Home Postcode					Er	nail							
Contact Tel						Geno	der (M	or F)	Da	ate of Birth	d d	m m	y y y y
Have you been a	permar	nent res	sident (of the U	K or a		•		last 3	years?	Yes	No	
Nationality	•						Natio	nal Insura	nce N	umber			
,													
Ethnic origin: White: English, Welsh, British Irish Gypsy or Irish T Any other White Mixed/multiple et White and Black White and Black White and Black White and Black The tutor will use to tutor will use to the tutor will use to tutor will use to the tutor will use to tutor will use to the tutor will use to the tutor will use to the	raveller backgro hnic gro Caribbo Carning he follow yourself e box fo ities and ent ment ing mobi lex disab stional dif-	nound oup: ean difficulties wing information to have or the red/or lead	cultie formation re a dis main di arning d	s and on to pla ability a sability difficultie Dys Aut Asp Ter pos	Any back Asi Ind Pake Barr Chi Any heal In with and/or leaders that scalculations is comported by the compor	ckground ian/Asian ian kistani ngladeshi nese / other Asia th probl n you any r learning diff at may imp ulia pectrum di r's syndron my disability l) or accide language a	British British an back Lems: support difficut ficulty to pact or sorder ne y after ine ent and cor	aground It you may Ity? Yes That may in In your lear	npact on ning.	African Caribbea Any other expression Other expression Any other Arab Any other to fully particle (if year) Other epi Other Other Pression	r Black, Affund thnic ground r ethnic ground cipate on the splease conting. Please	rican, Ca Ip: Dup his cours Dimplete services ase put in I condition I condi	se section below) 2 in the box for on (for example betes)
Severe learning	difficulty	У			ner sp spraxi	ecific learn	ning diff	iculty (e.g.					
Do you consider	yourself	to hav	e a he	-	-	•	ay affec	ct you on th	his cou	urse? Yes	No		
Course details	Pro	ovide	r						Pr	rovider C	ourse R	ef	
Title			Start	Date		Day		Time		Venue			
Payment Total	Tuition	Fee £						Re	eceipt	No			
Pay as you learn	£			Exa	minat	tion Fee £			A	Administration	on Fee £		
Fee remission e		letter.	Issui							Date or	n the letter		
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01 - Relation		h scho	ol	_		Card			_	07 - Bank /			•
02 - Passpor	·		J.	_		itional Insi	urance	Card	_	999 - Other		Jan Jul	
Fee/Identity Evid		en by							Date				(please specify

Personal circumstances:			
Fees: I WILL be paying fees for this co	urse I will NOT be	e paying fees for this course	
I am in receipt of the following benefits. (Jsing the list below please t	tick the boxes to indicate which be	enefits you are in receipt of)
Jobseeker's Allowance (income based)		Incapacity Benefit	
Housing or Council Tax Benefit (not sin	gle person's discount)	Pension Credit (not savi	ngs credit)
Income Support		An unwaged dependant	of those listed above
Employment and Support Allowance			iversal Credit (see paperwork
Working Tax Credit		guidance for details)	
Employment status:		2 If you are unemployed/not	working/retired, how long for?
What is your employment status?		Less than 6 months	6-11 months
Not in paid employment - looking for an work - go to Q2	d available to start	12-23 months	24-35 months
Not in paid employment - not looking fo work - go to Q2	r or available to start	36 months or more 3. How many hours per week	do vou work?
Employed - go to Q3		Under 16 16-19	20+
Self-employed - go to Q3		Officer 10 10-19	201
In full-time education		4. How long have you been	working?
Retired - go to Q2		Up to 3 months	4-6 months
Other (please state)		7-12 months	More than 12 months
Level of learning: What is the	highest level of qualifica	ation vou already have? (pleas	se tick appropriate box)
Entry level or other qualification below		Level 5 HND/Foundation D	
Level 1 (GCSE/O Levels), (5 or more w			Graduate Certs and Diplomas
levels)	in grades b & or o no		/Diplomas, Masters Degree and
Level 2 (5 or more A*- C GCSE/0 Level	s)	above	
Level 3 (A Levels), (2 or more A level p	asses, 4 or more AS	No qualifications	
level passes)		Other (please specify)	
Level 4 (HNC/QLF Level 4 quals)			
Have you taken part in any education of	or training in the last 3 years	ears? Yes No	
Additional annelity manitaris			
Additional equality monitoring are inclusive and open to all members of the second sec	III order to mornite		nent to our courses to ensure they rmation about vourself related to
characteristics that are protected by law			
Gender re-assignment:			
Is your current gender identity the same as	the gender you were assign	gned at birth? Yes No	Prefer not to say
Marital Status: Are you?			
Married or in a civil partnership	Single/Ne	ever married Other	
Separated/Divorced	Widowed		not to say
Sexual orientation: How would you des	crihe vour sexual orient	ation?	
Heterosexual/straight	Gay Man		
Gay woman/lesbian	Bisexual		not to say
	Diochadi	1 10101 1	
Religion and/or belief?	Ob what:	10. 1	Laurete In
No religion Buddhist Muslim Sikh	Christian Prefer no	t to say Hindu Other	Jewish
Pregnancy and maternity: Are you curren	ntly pregnant or have you b	peen pregnant in the last year?	Yes No Prefer not to say
Signature:			
Photo Statement: Photographs may be purposes. Please tick the box if you Do			Copies to: Grey copy - Inspire Yellow copy - Provide
Learning Agreement: I have read the L	,	•	Pink conv - Learner
Private Vindica, Lugara toda toda privac		ny of the fellowing Is a 'C	
About courses or learning opportunities	For surveys and resear	ny of the following boxes if yo ch By post By phone	
	For surveys and resear		

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

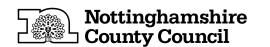
SFEM Provider No (UPIN): 107952 UK Provider Reference No (UKPRN): 10004801

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