

Community Learning and Skills Service

# **Enrolment Form and Learning Agreement**–**CLaSS 05a**

|  |  |
| --- | --- |
| Provider: |  |
| Course Title: |  |
| Tutor: |  |
| Course Venue: |  |
| Start Date: |  |
| Day: |  |
| Time: |  |

Thank you for choosing to enrol on a Community Learning and Skills Service course.

This form helps us to know about our learners.

**Symbols and what they mean**



When you see this symbol we are asking you (or your supporter) to write an answer.



When you see this symbol we are asking you to tick the answer that you agree with.



When you see this symbol we are asking you to put a circle around the answer you have chosen.

**You can ask someone to help you fill in this form if you want to.**

**(1) About You**



Mr. Mrs. Miss Ms

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Are you a man or a woman**?** Man Woman



Have you lived in this country for the last 3 years? Yes No

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What is your nationality? *For example British, German*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****

What is your National Insurance Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(2) About your ethnic group** Please tick **one** statement which best describes you:

|  |  |  |  |
| --- | --- | --- | --- |
| **White** | | **Mixed/multiple ethnic group** | |
| English, Welsh, Scottish, Northern Irish, British |  | White and Black Caribbean |  |
| Irish |  | White and Black African |  |
| Gypsy or Irish Traveller |  | White and Asian |  |
| Any other White background |  | Any other Mixed, multiple ethnic background |  |
| **Asian/Asian British** | | **Black/African/Caribbean/Black British** | |
| Indian |  | African |  |
| Pakistani |  | Caribbean |  |
| Bangladeshi |  | Any other Black, African, Caribbean background |  |
| Chinese |  | **Other ethnic group** |  |
| Any other Asian background |  | Arab |  |
|  | | Any other ethnic group |  |



**(3) About your health and other support needs**

Please tell us about any learning support needs you have.

Your tutor will talk to you about how we can help you.

**Do you think you have any disabilities, learning difficulties or medical conditions?**



Yes No

If yes, please tick **all** of the sentences that have been used to describe your disability or medical condition:-



|  |  |  |  |
| --- | --- | --- | --- |
| Blind or partially sighted |  | Asperger’s syndrome |  |
| Deaf or partially deaf |  | Temporary disability after illness or accident |  |
| Disability that affects mobility – getting around and about |  | Speech, language and communication needs |  |
| Profound complex disability |  | Other specific learning difficulty (e.g. dyspraxia) |  |
| Social and emotional difficulties |  |
| Mental health difficulty |  | Other medical condition (for example epilepsy, asthma, diabetes) |  |
| Moderate learning difficulty |  | Other learning difficulty |  |
| Severe learning difficulty |  | Other physical disability |  |
| Dyslexia |  | Other disability |  |
| Dyscalculia |  | Prefer not to say |  |
| Autism spectrum disorder |  | Not provided |  |

**Do you think you have any special needs or health problems that might affect how you do the course?**



Yes No

**(4) About your personal circumstances**

This box only needs to be completed if fees are charged for this course.

Please tick **all** of the statements that apply to you:



|  |  |
| --- | --- |
| I get Jobseeker’s Allowance |  |
| I get Housing Benefit or Council Tax Benefit |  |
| I get Income Support |  |
| I get Employment and Support Allowance |  |
| I get Working Tax Credit |  |
| I get Incapacity Benefit |  |
| I get Pension Credit |  |
| I don’t earn any money and am living with and looked after by someone who gets one of the benefits listed above |  |
| I get Universal Credit |  |

**(5) Do you have a job you are paid to do?**



**No**-but I’m looking for work **No**- I’m NOT looking for work

If you are not in paid employment, how long has this been for?

Less than 6 months 6-11 months 12-23 months

24-35 months 36 months or more

**Yes** How many hours per week do you work?

Under 16 16-19 20+

How long have you been working?

Up to 3 months 4-6 months

7-12 months More than 12 months

**(6) Level of learning**

Do you have any qualifications already?



|  |  |  |
| --- | --- | --- |
| 0 | No Qualifications |  |
| P | Word Power. Number Power. Pre-Entry or Entry Level Qualifications. Non-Accredited Qualifications. |  |
| 1 | Less than 5 GCSE or O levels at grades A – C or NVQ level 1 |  |
| 2 | 5 or more GCSE or O levels at grades A – C or NVQ level 2 |  |
| 3 | 2 or more A levels or NVQ level 3 |  |
| 4 | A first degree or teaching qualification or HND |  |
| 5 or above | Higher degree or NVQ level 5 or above |  |

**Have you done any training courses in the last 3 years?**



Yes No Can’t remember

**Can we contact you?**

Can the Skills Funding Agency contact you from time to time about  
 courses or learning opportunities?



Yes No

Can the Skills Funding Agency contact you from time to time about  
 what you think about the training and education you have had?



Yes No

**Photographs**

People (including your tutor, support worker and CLaSS staff) might take photographs during this course. These photographs could be used to show other people what you have learnt on this course. They may be used in your course folder, in displays, leaflets, posters, and/or on the internet. Are you happy to have your photograph taken?

****

Yes No

**Signing this form**

I believe that the course I have joined is suitable for me and that I may choose to join other courses in the future if I want to. I know that I can talk with my tutor about my course(s) or about any extra support I need or changes in my circumstances.



Signature of  
learner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of  
 provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**For the provider to complete**

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 (please specify)  ---------------------- |  |

Privacy Notice 2016-17

The following statement has been made by the Skills Funding Agency who are responsible for the money spent on courses. They will use information you have given to manage their money and to work with their partners to know more about the learners in England. They will not share any information you have given to people who want to advertise or sell things.

**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.

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/sfa-privacy-notice

**SFEM**

**Provider No (UPIN) 107952**

**UK Provider Reference No (UKPRN) 10004801**