



Qualification Course Enrolment Form

Adult, Community & Family Learning

Please complete ALL sections of this form

Personal Details

Title: Mr Mrs Miss Ms

Gender: Male Female Transgender

First Name(s) _____

Date of Birth _____

Surname _____

Telephone _____

Address _____

Mobile _____

Postcode _____

Email _____

Have you been a resident in the UK or EU for the last 3 years? Yes No
 (If you are a UK national who has been residing **outside** the UK or EU for any period of time in the last 3 years then you must also answer NO. You may be required to provide evidence of your status in the UK)

Date of entry to the UK (if appropriate) _____ Country of origin _____

Nationality _____ National Insurance No (if applicable) _____

Please indicate your status in the UK

- British Citizen
- EU Citizen
- Asylum Seeker
- Refugee
- Indefinite Leave to Remain
- Student Visa
- Spouse Visa

We offer a range of additional support for learners. To help us help you, please tell us if you have a learning difficulty or impairment affecting learning, such as dyslexia, sensory impairment, mental health difficulty and or a physical impairment affecting mobility etc.

Do you have a learning difficulty and or disability? Yes No

If yes please state difficulty/disability _____

The following information will help us make sure that our courses and services reach the communities we are targeting.

Ethnicity

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Other

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Other

Asian

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other

Black

- African
- Caribbean
- Other

Other

- Arab
- Any Other

Sexual orientation

- Bisexual
 - Gay Woman/Lesbian
 - Gay Man
 - Heterosexual
 - Prefer not to say
- Other: (please specify) _____

Religion and belief

- Buddhism
 - Christianity
 - Hinduism
 - Islam
 - Jainism
 - Judaism
 - Sikh
 - Zoroastrian
 - No religion/Atheist
 - Prefer not to say
- Other: (please specify) _____

Please Turn Over





Qualifications

Please indicate the highest qualification that you have:

- No Qualification
 - Overseas Qualifications, level not known
 - Entry Level: Certificate in adult literacy, numeracy or ESOL Skills for Life
 - Level 1: 5 or more GCSE/O levels at grades D-G or fewer than 5 at grades A-C
 - Level 2: 5 or more GCSE/O levels at grades A-C, 5 or more CSE grade 1 or 1 A level
 - Level 3: 2 or more A level passes, 4 or more AS levels, NVQ level 3, BTEC
 - Level 4: Degree or higher degree HNC, HND or NVQ level 4
 - Level 5: MA, MSc; PhD
- Other _____
- GCSE in English Yes No Grade _____
- GCSE in Maths Yes No Grade _____

Have you participated in any learning before including informal/club learning? Yes No

If Yes, then please indicate when you were last in learning

- Less than 2 years ago
- 2–5 years ago
- 6–10 years ago
- More than 10 years ago

Please tick the box that best describes your employment status:

- Working full time
- Self-employed
- Not working (and not seeking work)
- Student
- Working part time
- Unemployed (and seeking work)
- Retired
- Other _____

If you are working please answer the following questions:

How long have you been employed? ___ years ___ months

How many hours do you work each week? ___ hours

If you are NOT working please answer the following questions:

How long have you been unemployed? ___ years ___ months

Are you actively seeking work? Yes No

Were you in full time education or training prior to enrolling on this course? Yes No



Benefits

Learners on the following benefits may be eligible for a reduced fee (please note that evidence of benefits will be required at the time of enrolment)

- Job Seekers Allowance
- Employment and Support Allowance in the Work Related Activity Group
- Council Tax
- Housing Benefits
- Universal/Pension/Tax Credits
- Other (please specify) _____

How did you find out about this course

- Brochure
- From a school or children's centre
- From the library
- From a friend or relative
- From the Internet
- Other _____

Course Information

Course Title _____ Start Date _____

Course Venue _____ Start Time _____

Course Fee £ _____

For office use only

I declare that the above information is correct and I have seen evidence to satisfy me that the learner is entitled to public funding and where relevant I have seen evidence of the learner's employment/job seekers status.

Evidence produced _____

Signed (STAFF) _____ Date _____

Data Protection and Declaration

Some of the information you supply will be used by the Skills Funding Agency and Harrow Council to fulfil its statutory functions, issue/verify your Unique Learner Number (ULN) and update/check your Personal Learning Record band progression. Further details of how your information is processed and shared can be found at www.learningrecordsservice.org.uk/privacynotice and www.harrow.gov.uk/privacy

Please tick the following:

- I do not wish to be contacted about courses or learning opportunities
- I do not wish to be contacted for surveys and research
- I do not wish to be contacted by: telephone email postal mail
- I understand that I may be contacted by SMS where it relates to a course I am currently undertaking.

I declare that to the best of my knowledge, the information I have provided on this form is correct. I have read the above statement on data protection. I understand that I and my class may be subject to video and photography from time to time. I allow my image to be used for publicity and marketing purposes of Adult, Community & Family Learning. I understand that if, at any point, I withdraw this permission I will let the photographer know.

Signature _____

Date _____

For further information please contact: Adult, Community and Family Learning • 020 8901 2691 • www.learninharrow.org.uk