

Unique Learner Number (if known)									

Student ID Code (if known)

ENROLMENT FORM 2011/12

Please complete all 4 pages of this enrolment form

*Delete as necessary

Title: Mr/Mrs/Miss/Ms*	Male/Female*
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Date of Birth:	
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Current Address									

Postcode	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
How long have you lived at your current address?									

(If less than 3 years, please complete the following) Previous Address									

Previous Postcode	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

PLEASE USE BLOCK CAPITALS

First Names:	
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Surname/Family Name:	
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Contact Details:
Email: _____
Mobile: _____
Day: _____
Home: _____

Residency
Have you been resident in the UK/European Union for the last 3 years?
Yes <input type="checkbox"/>
No <input type="checkbox"/>
If no, this may affect your fee. Please ask a Student Adviser for more information.

Please tick (if applicable)			
Employment Status:	Employed: <input type="checkbox"/>	Unemployed: <input type="checkbox"/>	Economically Inactive: <input type="checkbox"/>
	Self Employed: <input type="checkbox"/>	14-19 NEET: <input type="checkbox"/>	
Are you in receipt of ESA (WRAG) or JSA? Please specify:			<input type="checkbox"/>

If yes please include a photocopy of proof of benefit with your enrolment (dated within the last six months)	<input type="checkbox"/>
I would like to be registered for a Lifelong Learning Account	<input type="checkbox"/>
If you will have difficulty meeting the fee for this course, you can apply to the College Access/Hardship fund. Please tick here if you would like further information.	<input type="checkbox"/>

	Course Code:	Course Name:	Amount you are paying (£):	Course Information & Advice:	Office Use Only:
Course 1					
Course 2					
Course 3					
TOTAL AMOUNT:					

If paying by credit/debit card please complete the declaration form on Page 77.

Please ensure that credit card/Switch details are completed in full including the expiry date for your card, all cheques are made payable to "SOUTHEND ADULT COMMUNITY COLLEGE" and are signed, dated and enclosed with the enrolment form.

What is the highest qualification (or equivalent) you hold?

Below Level 1	<input type="checkbox"/>	Entry Level	<input type="checkbox"/>	Level 1	<input type="checkbox"/>
Level 2	<input type="checkbox"/>	Level 3	<input type="checkbox"/>	Level 4	<input type="checkbox"/>
Level 5	<input type="checkbox"/>	Level 6	<input type="checkbox"/>	Level 7	<input type="checkbox"/>

Emergency Contact Number

In the event of an emergency, please supply a name and telephone number of a person you would wish us to contact.

Name: _____ **Telephone Number:** _____

Equal Opportunities

The College is committed to ensuring equality for all current and potential students irrespective of disability, age, race, gender, special educational needs, religion, sexual orientation, marital status or learning difficulty. To enable the Skills Funding Agency/YPLA to ensure that we are providing education and training for all, regardless of any disability or learning difficulty, we are asked to collect details of any disability or learning difficulty. For wheelchair users and those with mobility difficulties the information will be used to inform health and safety in the event of an evacuation.

Please tick the appropriate box	Office Use Only
<input type="checkbox"/> In the event of an emergency evacuation I would need assistance with the stairs	
<input type="checkbox"/> Wheelchair user	L15 00
<input type="checkbox"/> Visual Impairment	L15 01
<input type="checkbox"/> Hearing Impairment	L15 02
<input type="checkbox"/> Disability affecting mobility	L15 03
<input type="checkbox"/> Other Physical disability	L15 04
<input type="checkbox"/> Other medical condition (for example epilepsy, asthma, diabetes)	L15 05
<input type="checkbox"/> Emotional/Behavioural difficulties	L15 06
<input type="checkbox"/> Mental Health difficulty	L15 07
<input type="checkbox"/> Temporary disability after illness (for example post-viral) or accident	L15 08
<input type="checkbox"/> Profound complex disabilities	L15 09
<input type="checkbox"/> Aspergers syndrome	L15 10
<input type="checkbox"/> Learning Disability	L16 01
<input type="checkbox"/> Multiple Disabilities	L15 90
<input type="checkbox"/> Other	L15 97
<input type="checkbox"/> No disability	L15 98
<input type="checkbox"/> Do not wish to provide this information	L15 99

By completing these details, you are consenting to this information being passed to a student adviser or your tutor to help us to improve your learning experience.

Equipment and Support

If you wish a Student Adviser to contact you to discuss any equipment or support we may be able to provide, please tick this box

(You must apply for support for **every** course on which you enrol each academic year).

How would you describe your background? Please tick below

White			
<input type="checkbox"/>	English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>	Irish
<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>	Any other white background
Mixed/multiple ethnic Group			
<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Any other Mixed/multiple ethnic group
Asian/Asian British			
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other Asian background		
Black/African/Caribbean/Black British			
<input type="checkbox"/>	African	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Any other Black/African/Caribbean background	<input type="checkbox"/>	Chinese
Other ethnic group			
<input type="checkbox"/>	Arab	<input type="checkbox"/>	Any other ethnic group

How did you hear about our Courses?

<input type="checkbox"/>	Friends/Family/Work Colleagues	<input type="checkbox"/>	Website
<input type="checkbox"/>	College Brochures & Prospectus	<input type="checkbox"/>	Previous course at the College
<input type="checkbox"/>	Southend Radio	<input type="checkbox"/>	Other (please specify) _____
<input type="checkbox"/>	Advertising (please specify where) _____		

College/Student Agreement

What can you expect of the College?
<p>You have the right to expect:</p> <ul style="list-style-type: none"> Professional and committed staff that will support you appropriately throughout the course, and help you to record your progress. A good learning environment that takes account of your educational needs. Class meetings which start and end at the published times and dates. An environment which respects the rights of all individuals, and which is safe and free from harassment of any kind. A prompt response to any concerns you bring to our attention. A chance to evaluate your course and feed back comments to the College. <p>We expect you to:</p> <ul style="list-style-type: none"> Identify your needs, set goals and regularly review your progress. Abide by the regulations of the College, and work with others to create a good learning environment for all. Participate fully in your chosen course recognising that learning is primarily your responsibility. Inform your tutor of any difficulties or concerns you may have about the course or the College. Respect the rights of all individuals to be free from harassment of any kind. Tell us promptly if you are unable to attend or if your circumstances change. Undertake any accreditation associated with this course. Notify us immediately of any change in personal details.

Privacy Statement - how we use your personal information

The personal information you provide is passed to the Chief Executive of the Skills Funding Agency (“the Agency”) and, when needed, the Young People’s Learning Agency for England (“the YPLA”) to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency’s Learning Records Service (LRS) to create and maintain unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations are available at:

<http://skillsfundingagency.bis.gov.uk/privact.htm>

<http://www.ypla.gov.uk/privacy.htm>

<http://www.learningrecordservice.org.uk/privacy-copyright.htm>

Tick any of the following boxes if you do not wish to be contacted:

About courses or learning opportunities

For surveys or research

By phone

By email

By post

I understand that the tutor of the class on which I enrol will be provided with my address and contact details at the start of the course to enable them to contact me if necessary throughout the course. Please tick this box if you would not like these details passed to your tutor

Would you like to suggest a new course?

We are proud of the number and diversity of courses that we offer; however, we are always on the lookout for new ideas. With that in mind, we have created a section that allows you to suggest new courses. Suggestions can be for either vocational courses (courses concerned with skills needed for an occupation, trade, or profession) or part-time hobby/leisure courses. If enough interest is received and a suitable tutor is available, we will email you with the course details.

Your course suggestion:

Refund Policy

In the event that you need to cancel your enrolment, you can have a full refund of tuition fees, provided that we are notified in writing within one week of the starting date of the course. Please note all courses include an administration charge, which is stated in the College prospectus, which is non-refundable. For further details and information please contact a member of staff on **01702 445700** who will be happy to assist you.

I confirm that the details contained on all sides of this form are correct. I have received enough information about the course(s) for which I am enrolling to make an informed choice and I am aware of the range of support that is available to help my learning.

Signed: _____ **Name:** _____ **Date:** _____