

Adult Community Learning Enrolment Form 2011-2012

If you would like help to complete this form please speak to a member of staff.
Please use BLOCK CAPITALS and use one form for each person

Section A Information about you

For office use

Learner Ref:

Have you previously enrolled with us? Yes No

Title: Ms Miss Mrs Mr Other (please state) _____

Forename: _____ Surname: _____

Address: _____

Postcode: _____

Telephone: day _____ evening _____

Mobile: _____ Contact by mobile agreed? Yes No

Email address: _____ Contact by email agreed? Yes No

Date of birth: _____ Gender: Male Female

Unique Learner number (where known): _____

Have you been a permanent resident in the UK/EEA for the last 3 years? Yes No

If yes, are you a UK/EEA Citizen? Yes No If no, please speak to a member of staff

We provide support for people with disabilities, learning difficulties and some medical conditions for example; hearing, visual and mobility impairment, mental health difficulties, ME and epilepsy.

Please tick this box if you would like someone to contact you for a confidential discussion:

Section B Course(s) you wish to enrol on

Course Code	Title	Fee £
Total fee payable		

Section C Fee concessions

Please tick the relevant fee concession you are claiming

Employment and Support Allowance (WRAG)

Jobseekers Allowance (Income based)

First Full Level 2/3 qualification

Proof of benefit must be provided at time of enrolment.

Financial support maybe available to those who may face financial hardship.

Please tick this box if you would like further information:

Postal or fax enrolment should enclose a copy of proof



Section D How you wish to pay (please note that American Express is not accepted)

- I wish to pay by:
- Cash** (personal enrolment only)
 - Credit/Debit Card.** You will be contacted by the centre
 - Invoice my employer/sponsor.** Please enclose a letter from your employer/sponsor indicating they will pay an invoice for the total fee.
 - Cheque/Postal order.** Please make cheques and postal orders payable to Essex County Council

Section E Your declaration

I accept that I will still be required to honour all outstanding payments even if I stop attending the course. I declare that the information I have given is to the best of my knowledge correct and I agree to abide by Adult Community Learning regulations.

Signature: _____ Date: _____

Privacy Statement 2011/2012. How we use your personal information

The personal information you provide is passed to the Chief Executive of Skills Funding (“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 a 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/privacy.htm>,

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

<http://www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

- Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone.
- Tick this box if you do not wish to be contacted about courses or learning opportunities by post.

Section F Return address

Please return to your local Adult Community Learning centre.