

# Learning Agreement/Enrolment Form 2010/11

Wakefield Adult and Community Education Service

Section 1: Course Details				Learner Ref No: FOR OFFICE USE ONLY				
Course Code	Course Title	Day	Time:	Assessor	Expected End Date	IV	Qual aim	Data Team only
				Learner Start Date	GLH			ASL Provision Type

## Where did you find out about the course?

Prospectus  Friend  Website  Tutor  Leaflet  Previous course  Workplace  Press  Other

## Section 2: Learner Details

Title	First name(s)	Family Name
Address		
Postcode		
Daytime Tel No	Mobile No (optional)	
Email	Gender (Please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Emergency Contact Name	Emergency Contact Number	
Date of Birth / /	National Insurance Number	
Tick box if you are a lone parent <input type="checkbox"/>	Tick this box if you are a WMDC resident, retired <b>AND</b> over 60 years <input type="checkbox"/>	
Tick this box if you have been resident in the UK/EU for 3 years, if <b>not</b> when did you enter the UK/EU <input type="checkbox"/>	Date	/ /
<b>For office use only:</b> If not resident for 3 years Eligibility for funding: Proof seen (type)	By (initials)	Date:

## Section 3: Disability/Learning Difficulties

Do you consider yourself to have a disability? Yes  No   
If yes, please give brief details:

Do you consider yourself to have a learning difficulty? Yes  No   
If yes, please give brief details:

Do you require any extra help or support? Yes  No  May we inform your tutor? Yes  No   
If yes, we would like to contact you to discuss further. Do you prefer contact by telephone?  email?  type talk?

**We will make every effort to make reasonable adjustments to accommodate you in your chosen class/es.**

## Section 4: Ethnicity (Please tick the box that you consider best represents yourself)

White	Asian/Asian British	Black/Black British	Dual Heritage	Any other (please specify)
British <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	White Asian <input type="checkbox"/>	
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	White/Black African <input type="checkbox"/>	
Other White <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	White/Caribbean <input type="checkbox"/>	
	Chinese <input type="checkbox"/>		Other Dual Heritage <input type="checkbox"/>	
	Other Asian <input type="checkbox"/>			

## Section 5: Previous Qualifications Do you have any previous qualifications? If yes, please tick the appropriate boxes below. If no, go to Section 6.

Entry Level	Level 1	Level 2	Full Level 2	Full Level 3	Level 4
Entry Level 1 <input type="checkbox"/>	5 GCSEs D-G	'O' Levels	5 GCSEs A-C	2 A Levels	BTEC Professional
Entry Level 2 <input type="checkbox"/>	NVQ 1	National Test Level 2	5 'O' Levels	NVQ Level 3	Diploma or Degree
Entry Level 3 <input type="checkbox"/>	National Test Level 1	in Literacy and/or	NVQ 2	BTEC National Diploma	<input type="checkbox"/>
	in Literacy and/or	Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	
	Numeracy	<input type="checkbox"/>			
	<input type="checkbox"/>				

## Section 6: Employment Details

Are you employed? Yes  No  If yes, how many hours do you work per week? \_\_\_\_\_

Is your employer Wakefield Council? Yes  No

If Wakefield Council are paying your course fees, what is the expenditure code for re-charging? \_\_\_\_\_

Are you self-employed? Yes  No  If yes, how many hours do you work per week? \_\_\_\_\_

Name & address of employer/company: \_\_\_\_\_

Post code \_\_\_\_\_

Tel No. of employer/company \_\_\_\_\_ Manager's name \_\_\_\_\_

If unemployed, how long since you were in paid employment? 0-6mths  6-12mths  1-2yrs  2-3yrs  3+yrs  Retired

Is your course relevant to your employment? Yes  No  Is your employer releasing you to study your course? Yes  No

Has your employer asked you to attend your course? Yes  No  Does your employer employ more than 250 people? Yes  No

## Section 7: Concessionary Fees

Are you in receipt of one or more of the following benefits? If yes, please tick one of the boxes below. Proof must be provided and boxes ticked by a member of staff as seen. If no, go to Section 8.

	Staff Initials	Date
1. I am in receipt of Income Support <input type="checkbox"/>		
2. I am in receipt of Job Seekers Allowance <input type="checkbox"/>		
3. I am in receipt of Housing Benefits <input type="checkbox"/>		
4. I am in receipt of Council Tax Benefit <input type="checkbox"/>		
5. I am in receipt of Employment and Support Allowance <input type="checkbox"/>		
6. I am in receipt of Working Tax Credit <input type="checkbox"/>		
7. I am in receipt of Pension Credit (Guarantee Credit) <input type="checkbox"/>		
8. I am an unwaged dependant of those listed above <input type="checkbox"/>		

## Section 8: Fee Information

Fee amount:  Payment method: Cash  Cheque  Mastercard /Visa/Switch

Mastercard/Visa/Switch No: \_\_\_\_\_ Card Valid from: \_\_\_\_\_

Card expiry date: \_\_\_\_\_ Switch Issue Number: \_\_\_\_\_

Are you, the learner paying? Yes  No

Is your employer paying your fees on invoice? Yes  No

If yes, the name and address to which the invoice should be sent if different from that shown in Section 6

## Learner Declaration

**Data Protection Statement 2010-11:** Data Protection Act 1998- The personal information you provide is passed to the Chief Executive of Skills Funding and, where required, the Young People's Learning Agency for England ("the YPLA") to enable those organisations to fulfil their statutory obligations, principally under the Apprenticeships, Skills, Children and Learning Act 2009. Both organisations are registered as data controllers with the UK Information Commissioner's Office. The Skills Funding Agency funds adult further education and skills training, including apprenticeships, in England. The YPLA is responsible for arranging the provision of funding for the education and training of young people in England. The Skills Funding Agency processes learner data on behalf of the YPLA. The information you provide may be shared with other organisations for purposes of administration, the provision of career and other guidance and statistical and research purposes, relating to education or training. Other organisations include the Department for Children, Schools and Families, the Department for Business, Innovation and Skills, Local Authorities, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the Skills Funding Agency, the YPLA, or partners of those organisations. The Skills Funding Agency also administers the learner registration service (LRS) which uses your learner information to create and maintain a unique learner number (ULN). Further information about use of and access to your information is available at: Skills Funding Agency: <http://skillsfundingagency.bis.gov.uk/foi.htm> YPLA: <http://www.ypla.gov.uk/foi.htm> At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

Please Tick this box if you do not wish to be contacted about courses or learning opportunities by post

Please Tick this box if you do not wish to be contacted about courses or learning opportunities by mail or phone

I have received, where requested, pre-entry advice, including procedures, implications, entry requirements, suitability and support for my learning programme. I am satisfied with my course choice. I certify that the information given above is correct. I have read and agree with the Data Protection Statement . I have read and will comply with the Adult Education's use of electronic equipment policy .

Learner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Tutor/Interviewer: \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY	Term 1	Term 2	Term 3			e-Citizen, ECDL, ECDL Advanced
	Cash	Cash	Cash	No of children using Crèche		
	Cheque	Cheque	Cheque	Ages of children using Crèche		
	Card	Card	Card	Crèche Receipt Number		
	INV/IDT	INV/IDT	INV/IDT	CRB No:	Date:	Photo ID
	Online payment	Online payment	Online payment	DDA Form (tick)		
Amount				Staff initials		Address ID
Date				Tutor informed	Date:	
Receipt No				Additional Costs:	£	
Rec'd By				Books, Resources etc Receipt No		